



FP CAPE

Family Planning
Country Action Process Evaluation

*Insights Deck –
Nigeria*

June 2017



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Executive summary

Nigeria findings, insights & information gaps

Nigeria: Key highlights & findings



Modern contraceptive use in Kaduna continues to increase. Lagos mCPR trending slightly down for all women and married women.

While Nigeria has a **generally positive enabling environment** with leadership support, high data “awareness”, and progress on CIPs, impact on decision making and outcomes is still unclear.

Domestic funding for FP is still very low and often difficult to track expenditures.

Context & FP Enabling Environment

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Demand Generation

Women's perceived self-efficacy rates overall are high. However, slightly lower among youth, women in Kaduna as compared to Lagos and among non-users of FP

Youth intention to use FP is high, but current use is still low.

Overall, slight **downward trend** in FP message exposure via media outlets in target states.

Drug shops and pharmacies are widespread nationally and widely used for FP in Lagos, although service quality is low (in terms of counseling, method choice and stock-outs)

Expansion of Sayana® Press needs to be balanced with ethical considerations of informed choice and quality of care.

Lower level of counseling seen in **Oyo State**.

Service Delivery

Data, Scale-up & Impact

Discordance of where CIPs, advocacy work and PMA2020 data are being conducted/collected

Summary dashboard: Enabling environment

While Nigeria has a generally positive enabling environment with leadership support, data awareness, and progress on CIPs, impact on decision making and outcomes is still unclear.

Stakeholder support

Positive support of FMOH & SMOH leadership and FP stakeholders/donors toward the national FP agenda.

Use of data

While data “awareness” seems high, how data is used for decision-making is still unknown.

% agreement, **Nigeria** and **E-SSA**



0.036%

FP as a % of overall national health budget

\$20,000-328,000

Range of 2017 state FP allocation

64

print media mentions of FP in 2016

CIP progress

- CIPs completed (BMGF deep investment state)
- CIPs completed
- CIPs scaled by other donors
- CIPs started



As of June 2017, costed Implementation Plans (CIPs) are ongoing or completed in over half the states.

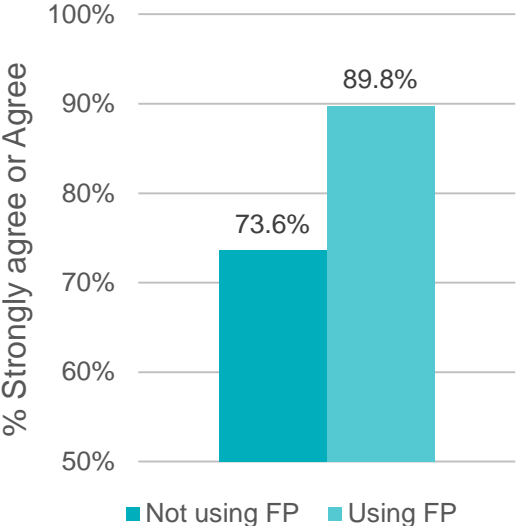
However, there is a lack of information on the outcomes, implementation, and uses of CIPs.

Summary dashboard: Demand generation

Those who use FP have high levels of FP-related self-efficacy, but the majority of women are not users. Exposure to FP messages is dropping, although many hear through their community.

Women's perceived self-efficacy

Ability to start a conversation with a partner about FP, Kaduna



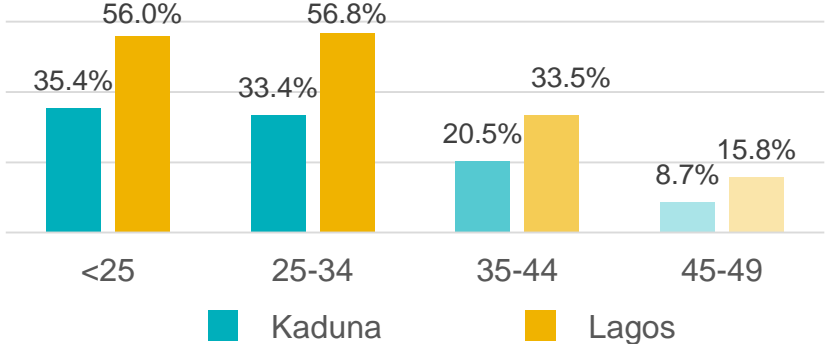
Women's perceived self-efficacy to access & use FP is high in target states.

Self-efficacy rates slightly lower among:

- ▶ Youth
- ▶ In Kaduna
- ▶ Those not currently using FP

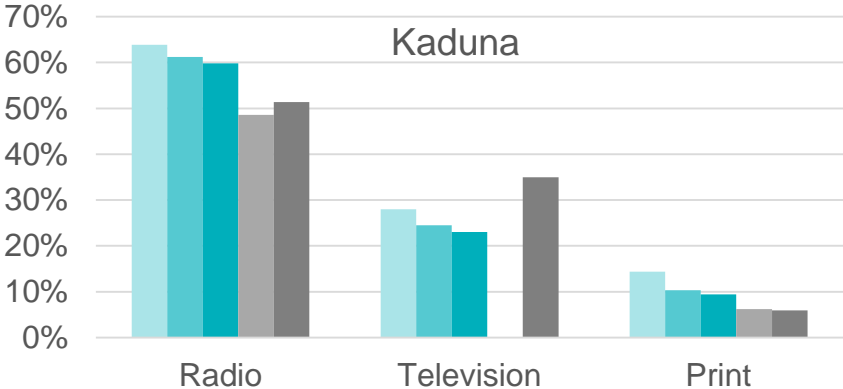
Intention to use

Youth intention to use is high, but current use is still low.



Area of improvement

Overall, slight downward trend in FP message exposure via media outlets.



>50% of women were exposed to radio FP messages in Lagos/Kaduna

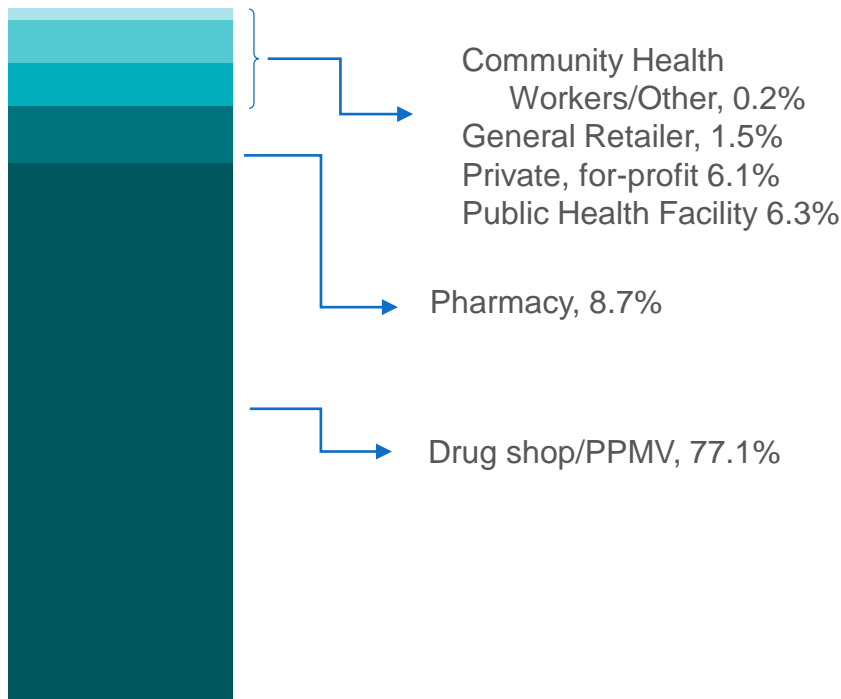
about **1/4** of women heard religious figures speak about FP

35% of women were exposed to TV FP messages in Kaduna

Summary dashboard: Service delivery

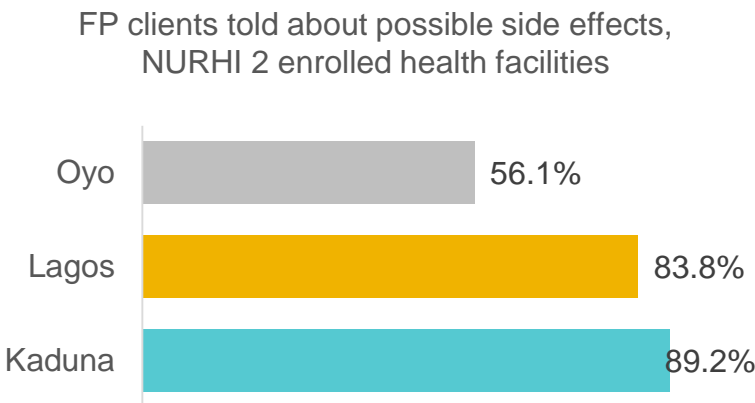
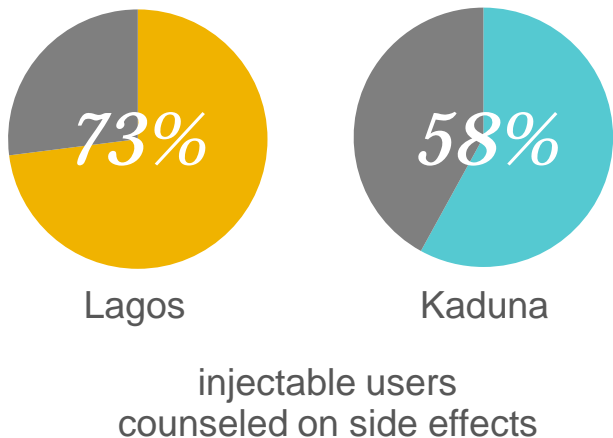
PPMV's make up the majority of outlets offering FP. Counseling is low in these outlets and they provide a limited range of methods.

National FP market, by outlet



77% of national contraceptive market sites are PPMVs

Differences in side effect counseling



Sayana® Press expansion

Expansion of SP needs to be balanced with ethical considerations of informed choice and quality of care.

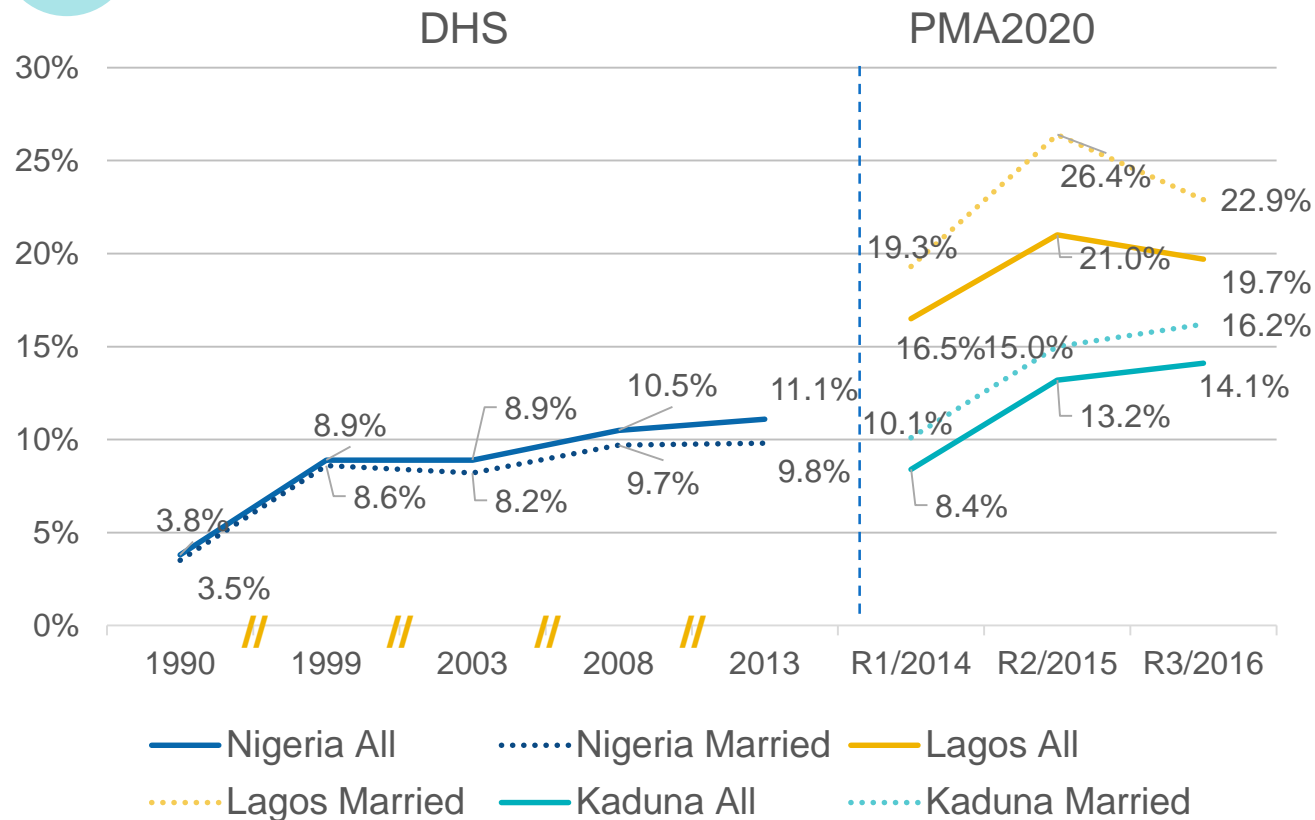
28% of Sayana® Press users are interested in home injection

less than 1/4 of women at pharmacies/PPMV's were counseled on side effects

Summary dashboard: Coordination, scale-up & impact

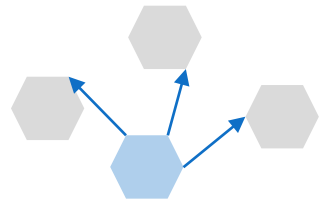
Lagos mCPR trending slightly down for all women and married women. Opportunities for increased coordination in some states for scale-up.

mCPR longer-term trends



BMGF partner coordination

On average, each grantee is connected to **3.07** other grantees



4

States have expressed interest in TCI but have not yet begun a CIP process

Opportunities for improvement

- ▶ **Increase coordination** – AFP is working in one state without a CIP, could link with technical assistance from another donor or BMGF grant
- ▶ **Streamline data collection** – Discordance of where CIPs, advocacy work and PMA2020 are being conducted



Intro and FP CAPE methodology

Project overview

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 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.

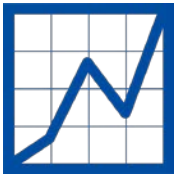
Realist, theory-based models define and test theoretical assumptions, use realist evaluation techniques, to adapt portfolio theories of change (TOC) in response to FP CAPE findings.



FP CAPE evaluation toolkit

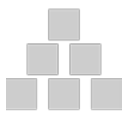
FP CAPE uses quantitative, qualitative and mixed-methods approaches to consider the complexity inherent in evaluating diverse program activities across different socio-political contexts.

Sentinel indicators



- ▶ Select indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
- ▶ Sentinel indicators are updated every 6 months, depending on the indicator and availability of new data.
- ▶ Changes are tracked across the portfolio over time.

Bottom-up inquiry process



System
support
mapping



Program
Officer
interviews



Grantee
interviews



Systematic
document
review



Themes of inquiry

- ▶ Activities
- ▶ Facilitating factors
- ▶ Desired changes
- ▶ Proximate indicators
- ▶ Needs
- ▶ Barriers/challenges
- ▶ Cross-grantee coordination
- ▶ Sentinel indicators



Validate or adjust
critical
assumptions and
potentially change
our TOC

Bottom-up inquiry methodology

FP CAPE synthesized four separate streams of data that comprise the bottom-up inquiry.



System support mapping (SSM)

- Participatory qualitative data collection activity
- Collect data on factors of implementation and context that influence program success
- Includes physical map of themes, audio and video recordings of SSM facilitation sessions



Program officer (PO) interviews

- Conducted quarterly using a structured interview guide
- POs identify notable changes and updates to the FP portfolio and environment in their home countries
- POs are also in a unique position to identify work with private sector entities and innovations in FP



Systematic document review

- Review of grantee documentation allows for understanding of established FP infrastructure and policies
- Looked at grantees documents, including grantee proposals, annual/quarterly progress reports, findings reports, concept notes, newsletters, and other publication on the grantees' websites



Grantee interviews

- Annual structured interviews with grantees to identify facilitators and barriers to their FP work in Nigeria
- Allowed for analysis of how and why expected changes happened

This presentation has a fourfold purpose

01 **Present deeper analyses** – display FP CAPE findings from special studies that address emerging questions

02 **Provide project updates** – add new data and indicators to track current trends (as of June 2017)

03 **Allow for reflection** – support BMGF consideration of their current family planning investment portfolio

04 **Inform future strategy** – brief decision-makers of BMGF FP investments

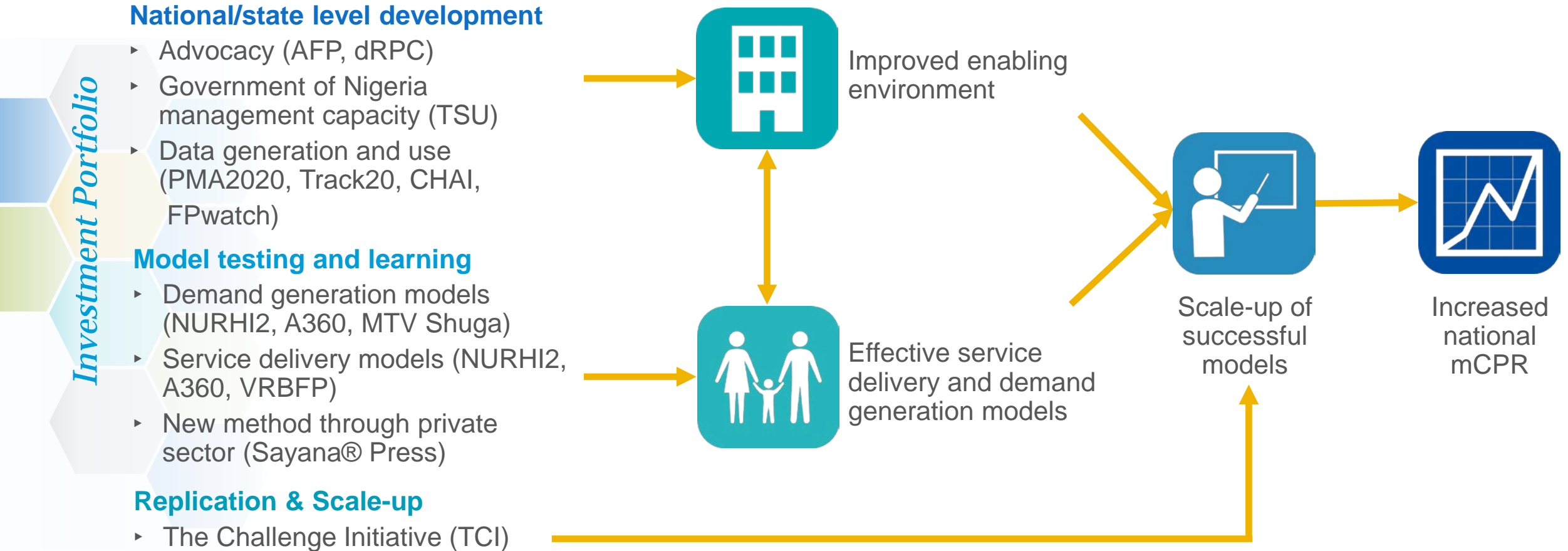


Theory of change (TOC) and critical assumptions

Nigeria

Theory of change: BMGF Nigeria investment portfolio

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.



Theory of change: Critical assumptions



Improved enabling environment



Effective service delivery and demand generation models



Scale-up of successful models



Increased national mCPR

01	Advocacy outcome contributes to increases in domestic funding for FP as well as visibility of FP
02	Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy
03	Targeted support to FMOH/SMOH strengthens donor coordination and CIPs
04	Strong measurement drives performance

01	Demand generation models result in large scale social norm change
02	Service delivery models increase quality and access to services
03	Introduction of new methods generate new demand for services, especially among youth
04	The Task Shifting/Sharing Policy increases access to FP.

01	Contributing to national conversation on FP enables successful adoption of models
02	Strong CIPs and donor coordination support model scale-up
03	High quality data influences scale-up decisions
04	Demonstration models seen as relevant and feasible models by other states
05	Model programs remain effective when scaled up by others in new contexts
06	Matching funds and TA will incentivize scale-up of effective demonstration models



Gaps and information needs

Findings from meetings and results

Identified portfolio-level gaps and information needs

At the 2017 Nigeria Family Planning Partners Meeting, BMGF grantees worked together to identify gaps in Nigeria's FP portfolio.



National/state level development



Model testing and learning

Investment Portfolio

- ▶ Limited domestic funding by the private sector
- ▶ Low involvement of non-health actors
- ▶ Need to implement adolescent health policy at state levels
- ▶ Limited availability of data and data use (i.e., private sector data), and lack of engagement from private sector in data collection & use
- ▶ Lack of identification of additional funding streams (for scale-up)
- ▶ Lack of coordinated tracking of Task Shifting/Sharing Policy (State-level)

Demand generation

- ▶ Limited coordination/communication among partners working in demand generation, advocacy and data collection & use
- ▶ Limited access to accurate information on users
- ▶ Limited information on social norms

Service delivery

- ▶ Lack of full operationalization of National Task Shifting policy
- ▶ Limited involvement of private sector (i.e., clinical and non-clinical providers)
- ▶ Limited availability of robust youth friendly services
- ▶ Concerns about provider bias toward FP: proposed solutions included: (1) HCD approach; (2) Use of religious and traditional leaders.



Nigeria: Findings

Targeted evaluation findings and new results

FP CAPE targeted additional analyses & new data

This Insights Deck includes new analyses based on portfolio gaps and needs and included new data sources, where available.

New analyses

- Mapping of select investments, data availability & USAID programs
- Baseline network analysis of grantee/partner coordination
- Descriptive analysis of program exposure
- Descriptive analysis of self-efficacy for FP
- Descriptive trend analysis of type of modern and type of traditional FP use over time
- Descriptive analysis of quality of care

New data

- New BMGF Program Officer interview data
- New systematic document review including grantee reports, findings and monitoring data
- New grantee interview data
- Inclusion of select measures from the National Composite Index for FP (NCIFP)
- NURHI 2 omnibus data
- NURHI 2 facility survey data
- Grantee monitoring data & documentation

New and updated sentinel indicators, Nigeria



Enabling environment

- ▶ # of media mentions of FP, by media type
- ▶ # of states taking steps to operationalize the Task Shifting/Sharing Policy and status
- ▶ # of reproductive health technical working group meetings held
- ▶ # of organizations/partners in attendance
- ▶ Existence of mechanism and funding to support meaningful participation of diverse stakeholders
- ▶ # of CIPs initiated/completed and where
- ▶ # of CIP strategies implemented by SMOH
- ▶ Existence of quality control for service statistics
- ▶ Extent to which program managers use research and evaluation findings to improve program in ways suggested by findings
- ▶ FP as a % of the national health budget
- ▶ FP expenditures – state level



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 women who hear a community, religious or gov't leader speak favorably about FP
- ▶ Women's self-efficacy scores (by age)
- ▶ % 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



Scale up and overall impact

- ▶ mCPR in Kaduna and Lagos
- ▶ # of states scaling up elements of demonstration projects, and where
- ▶ National mCPR



Enabling environment

Nigeria Findings

Enabling environment

Critical Assumptions	Expected changes	Sentinel indicators
<i>Advocacy efforts will contribute to increases in domestic funding & raise the visibility of FP nationally and at the state level</i>	FP visibility increases	<ul style="list-style-type: none"> ▸ # of media mentions of FP, by media type ▸ # of reproductive health technical working group meetings held ▸ # of organizations/partners in attendance
	Increased government financial resources for FP	<ul style="list-style-type: none"> ▸ FP as a % of the national health budget ▸ FP expenditures – state level
<i>Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy</i>	Task Shifting/Sharing Policy is operationalized across states	<ul style="list-style-type: none"> ▸ # of states taking steps to operationalize policy and status
<i>Targeted support to FMOH/SMOH will strengthen donor coordination and costed implementation plans (CIPs)</i>	Donor coordination increases	<ul style="list-style-type: none"> ▸ Existence of mechanism and funding to support meaningful participation of diverse stakeholders
	CIPs are strengthened	<ul style="list-style-type: none"> ▸ # of CIPs initiated/completed and where ▸ # of CIP strategies implemented by SMOH
<i>Strong measurement drives performance</i>	Data used to make decisions	<ul style="list-style-type: none"> ▸ Existence of a quality control for service statistics ▸ Extent to which program managers use research and evaluation findings to improve program in ways suggested by findings

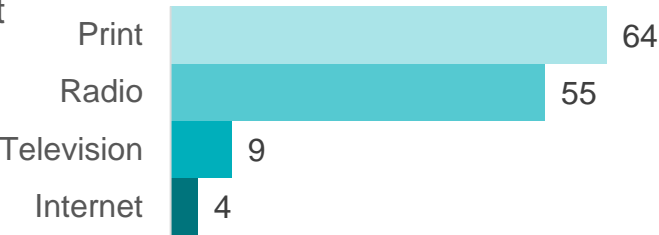
Nigeria coordination sentinel indicator updates

Critical assumptions (in blue boxes) are checked against sentinel indicators to measure changes in Nigeria's FP enabling environment.

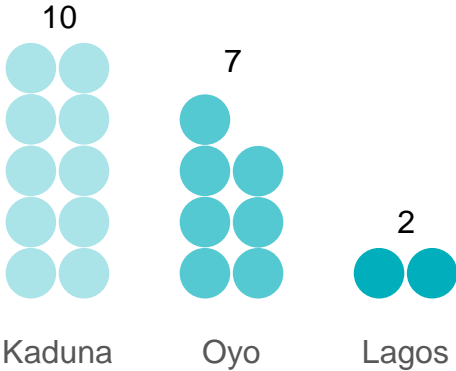
Advocacy efforts will raise the visibility of FP nationally and at the state level

Targeted support to FMOH/SMOH will strengthen donor coordination and costed implementation plans (CIPs)

Media mentions of FP, Oct 2015-Sept 2016, Nigeria



of public statements made by religious, community, and traditional leaders in support of FP Jan - Sept 2016



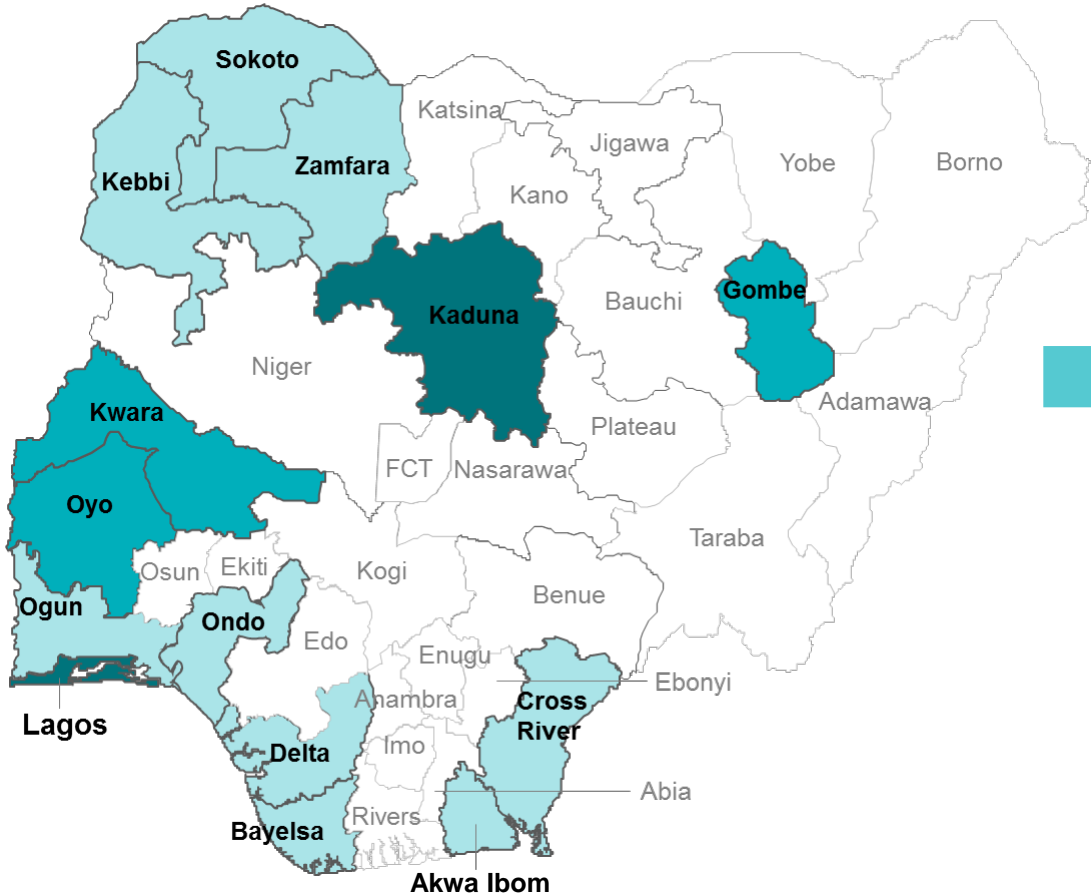
Existence of mechanism and funding to support meaningful participation of diverse stakeholders, NCIFP Score*



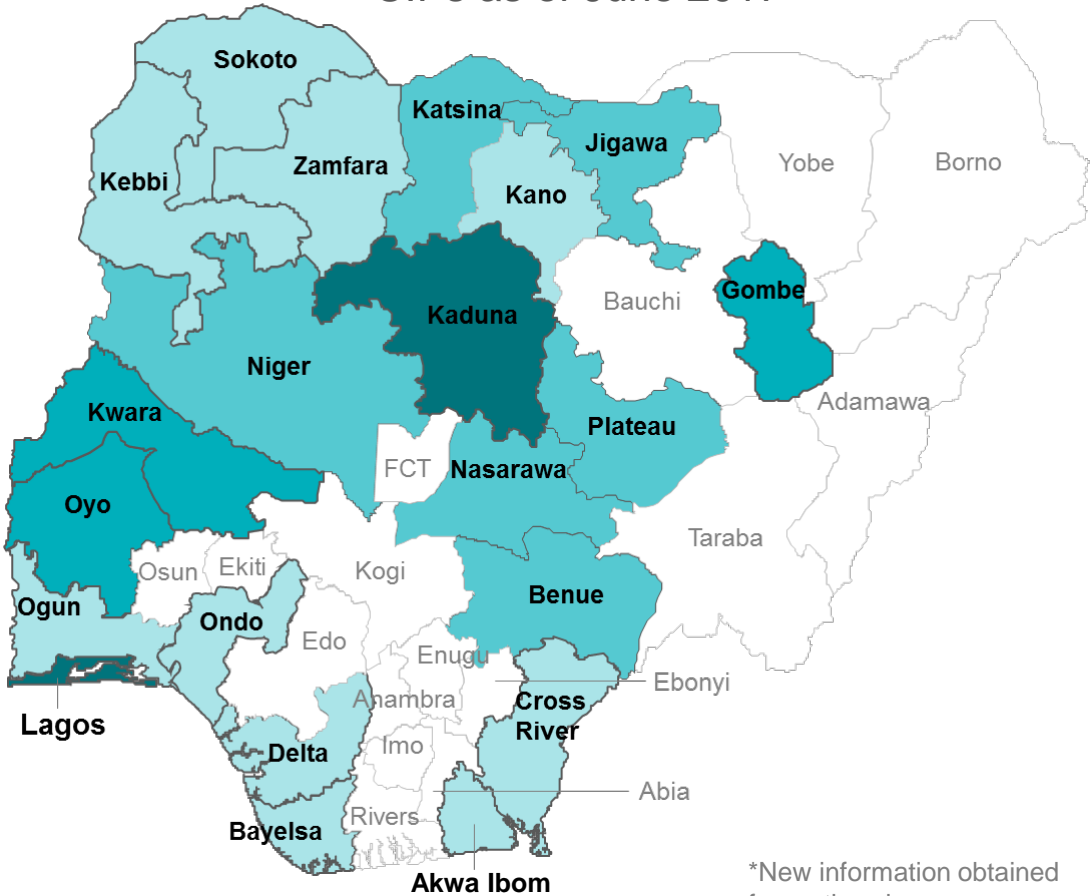
Costed implementation plan comparisons

Targeted support of FMOH/SMOH will strengthen donor coordination and costed implementation plans (CIPs)

CIPs as of December 2016



CIPs as of June 2017*



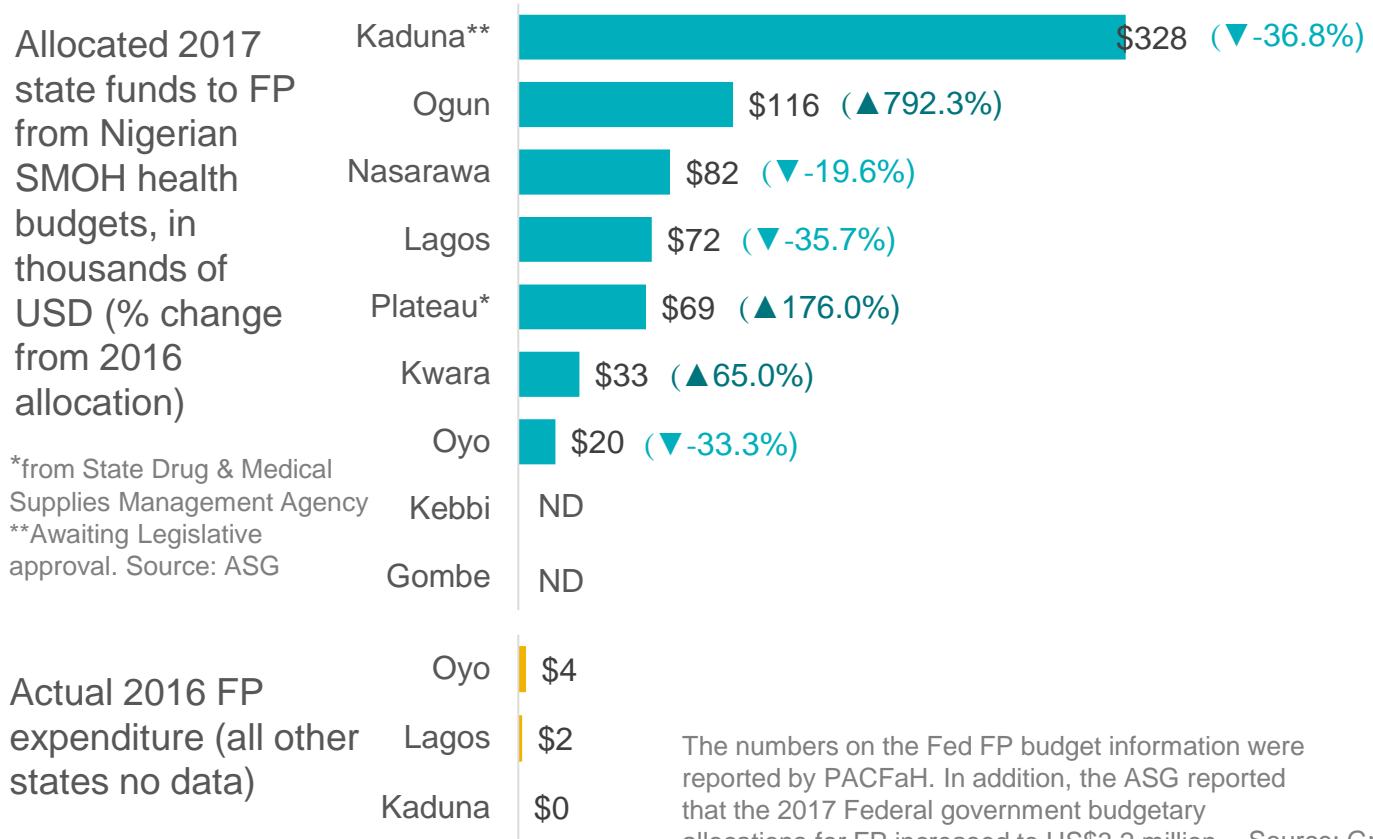
*New information obtained from other donors

■ CIPs completed (BMGF deep investment state) ■ CIPs completed ■ CIPs scaled by other donors ■ CIPs started

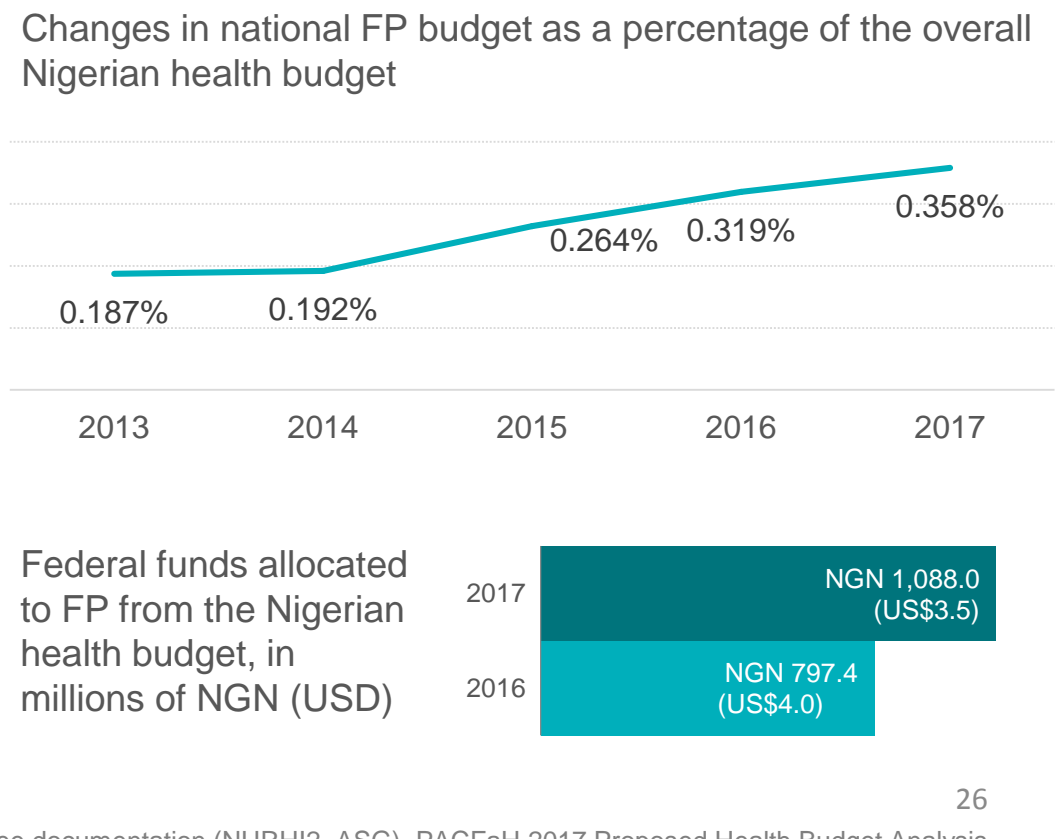
FP funding sentinel indicator updates

State FP budget allocations fluctuated significantly between 2016 and 2017, while actual FP expenditure was very low. National spending overall increased slightly from 2013 to 2017.

Advocacy efforts will contribute to increases in domestic funding (state level)

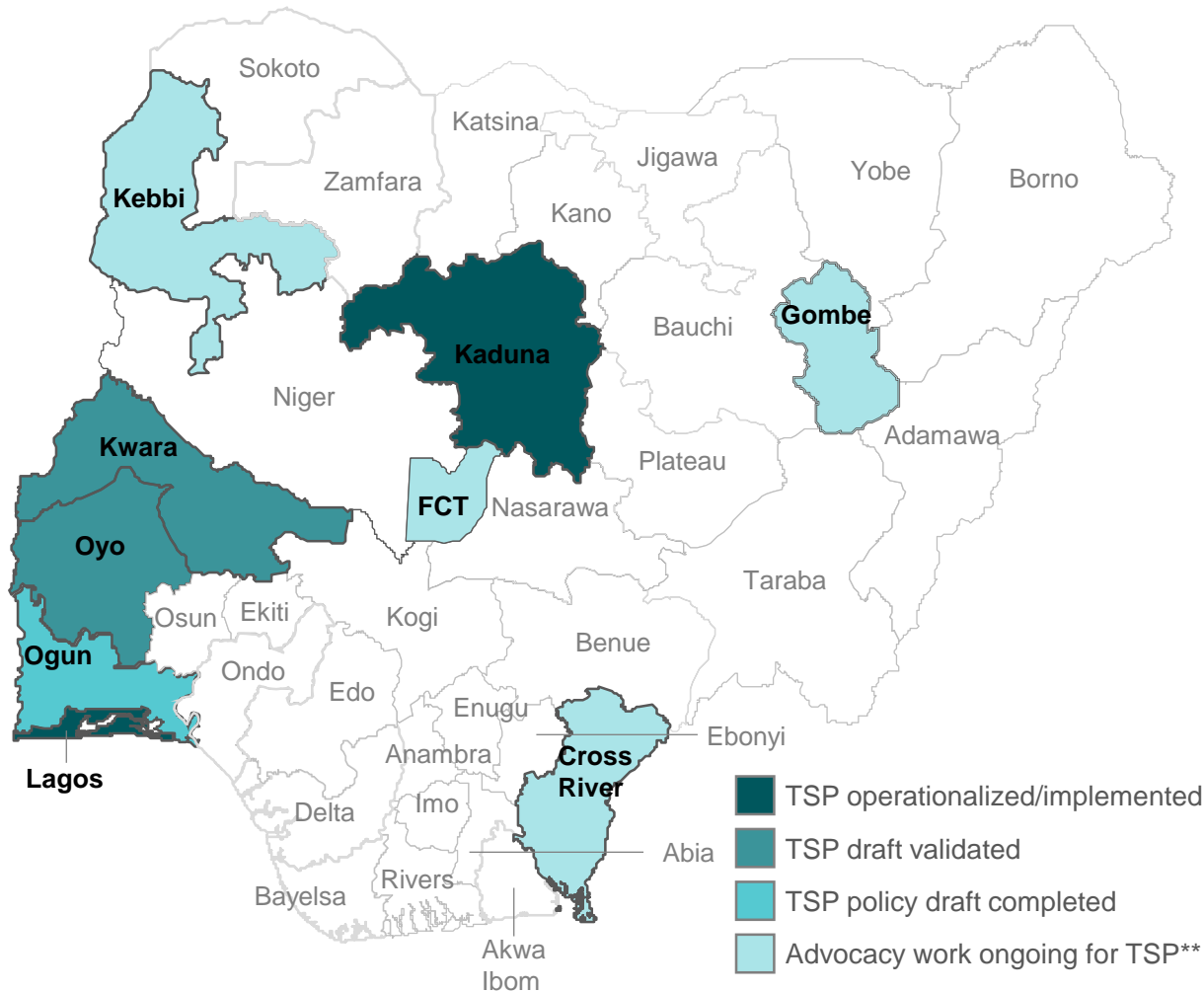


Advocacy efforts will contribute to increases in domestic funding at the (national level)



TSP and measurement sentinel indicator updates

Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy (TSP)



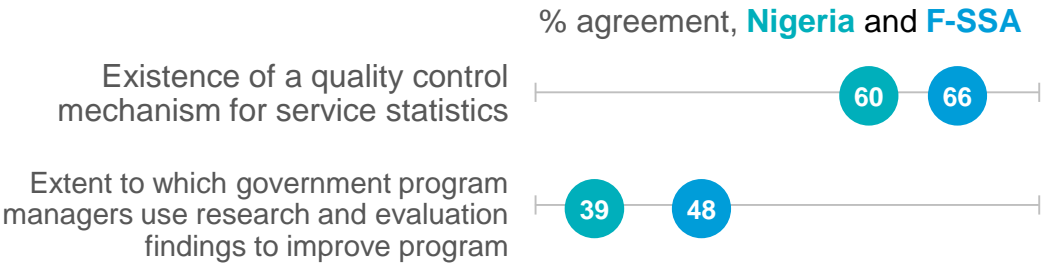
Kaduna

SMOH is currently (informally) implementing TSP with CHEWs. Recently agreed to work with the PSN on a plan to formalize TSP for CPs/PPMVs

Lagos


- SMOH has agreed to possible pilot implementation of the TSP and set up a multi-stakeholder advisory council.
- MOU drafted that outlines partner/state contributions to TSP operationalization process
 - Rapid assessment of existing provisions/structures underway
 - To be followed by policy & operationalization workshops

Strong measurement will drive performance




Advocacy and capacity building: Bottom-up synthesis

Facilitators most cited

		<i>POs</i>	<i>Grantees</i>
	Increasing high-level political support to FP/ child spacing		
	Positive relationship with government agencies at Fed & State levels		
	Grantees' capacity for advocacy activities and training		
	Existence of national and state FP data, policy documents, and tools		
	Systematic implementation of FP at nat'l level, sustainable momentum of FP at state level		
	Use of socio-economic development as a powerful rationale for FP engagements		

Barriers most cited


	Delays between govt's commitments and their actualization		
	Lack of transparency on FP budget allocation & release		
	Funding shortfalls for FP		
	Limited collaboration among grantees, govt agencies, FP stakeholders & partners		
	FP is not the GoN's top health priority		
	Limited availability & quality of routine data and FP budget information		
	Bureaucracy within govt agencies, and rapid turnover of govt officials		
	Lack of mechanism to involve CSOs in FP		

Data collection & use: Bottom-up synthesis

Facilitators most cited

		<i>POs</i>	<i>Grantees</i>
	Positive support from gov't leaders, FP stakeholders & local partners		
	PMA2020 findings showed progress in the national FP situation, which excited stakeholders		
	Strong technical support in data collection/ management/ analysis from headquarter staff		
	Availability and strong capacity of local staff to support IRB compliance and data collection		
	Availability of database, tools and documents from partners		
	Positive coordination across grantees & with security agencies		

Barriers most cited

	Limited interaction among grantees, FMOH/SMOH offices and other FP stakeholders		
	Limited resources, qualified staff & technical support in data collection & dissemination in country		
	Low ownership of data for federal- and state-level stakeholders		
	Conflict between where the data was collected vs. where the data needed to be collected		
	PMA2020 data serves as advocacy and communication rather than hard M&E at this point		
	Delays in IRB approvals		
	Decentralized database, and outdated policy that guides the focus of data collection of the National dashboard		
	Low report/coverage rates across the country for routine service statistics		

Summary dashboard: Enabling environment

While Nigeria has a generally positive enabling environment with leadership support, data awareness, and progress on CIPs, impact on decision making and outcomes is still unclear.

Stakeholder support

Positive support of FMOH & SMOH leadership and FP stakeholders/donors toward the national FP agenda

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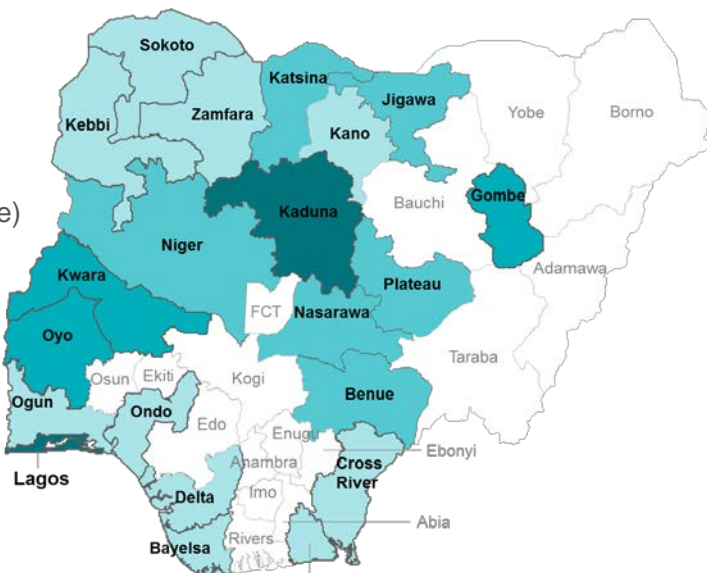
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Findings: Demand generation

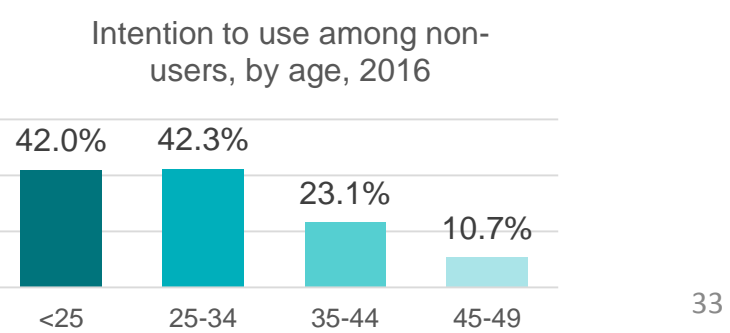
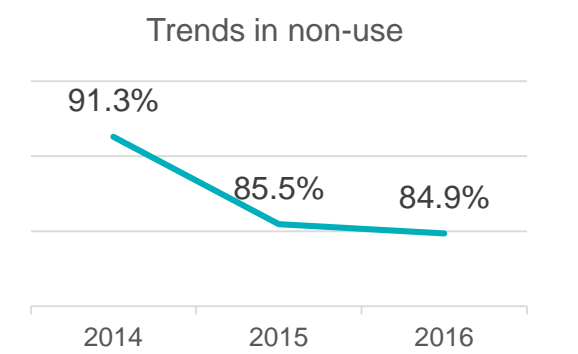
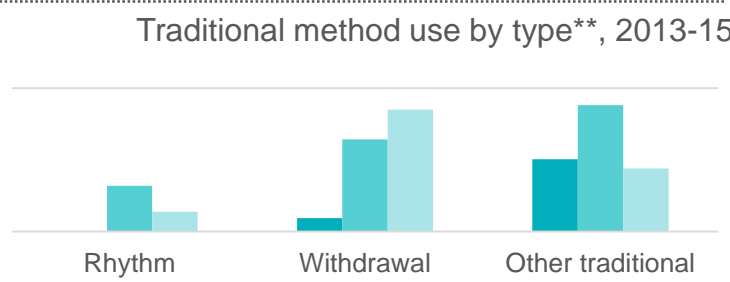
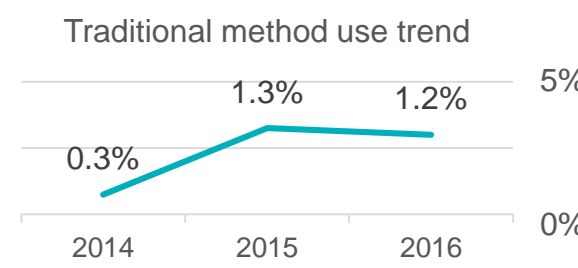
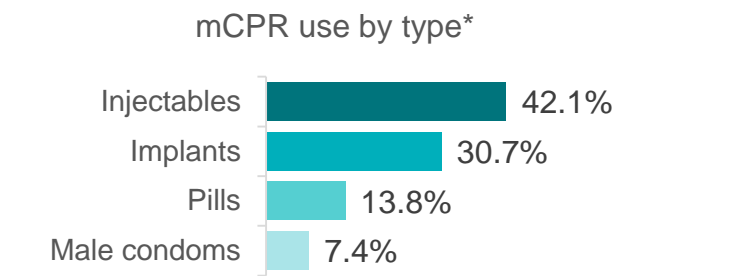
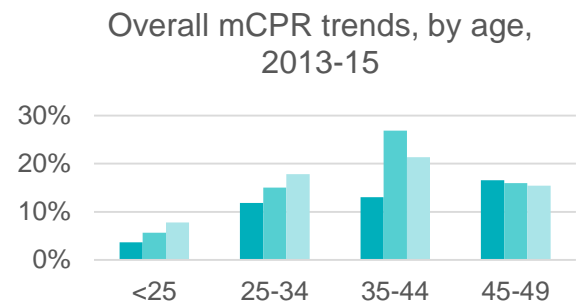
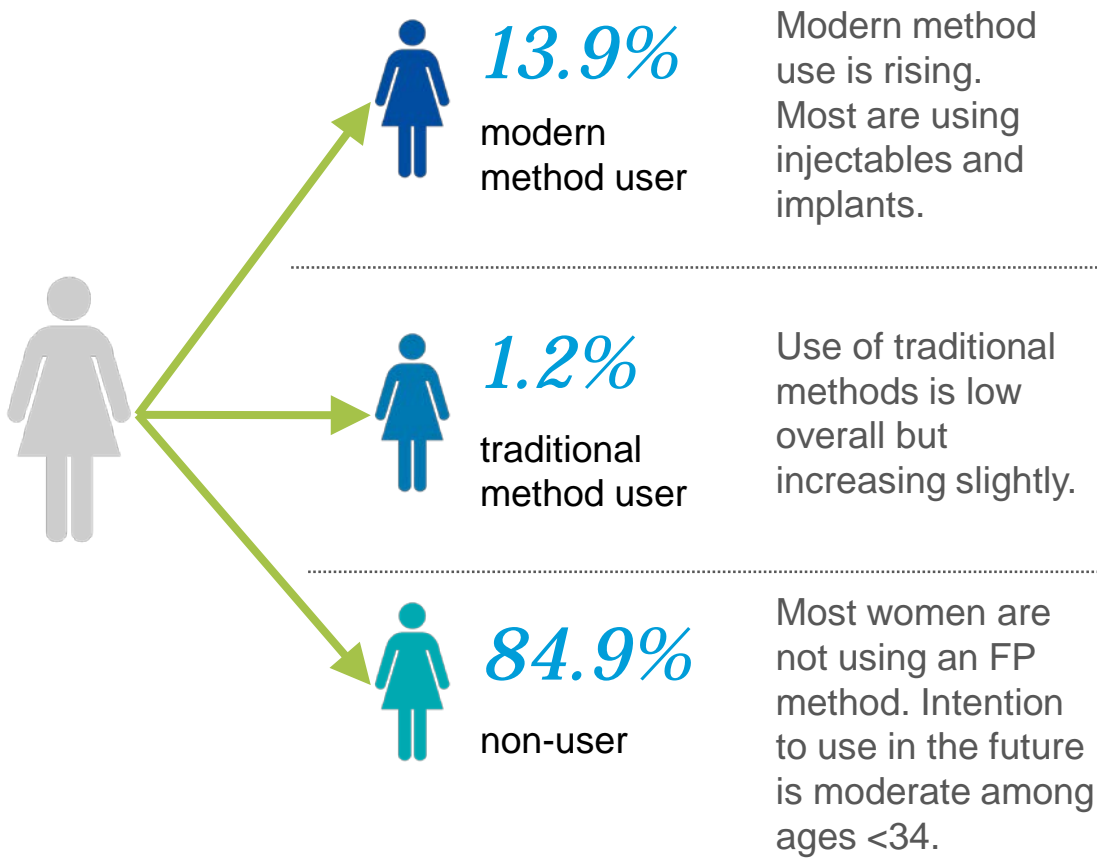
Nigeria Findings

Demonstration models: Demand generation

Critical Assumptions	Expected changes	Sentinel indicators
<i>Demonstration models will result in large scale social norms change in focus states</i>	Increased exposure to FP messages in focus states	% of women exposed to FP messages through radio and TV (by FP use status)
		% of women who hear a community, religious or gov't leader speak favorably about FP
	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	Women's self-efficacy scores (by age)

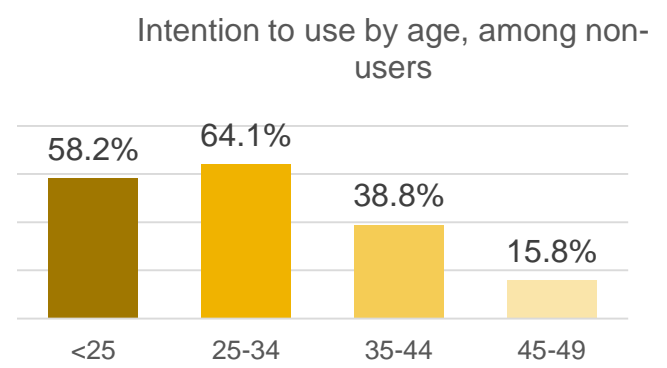
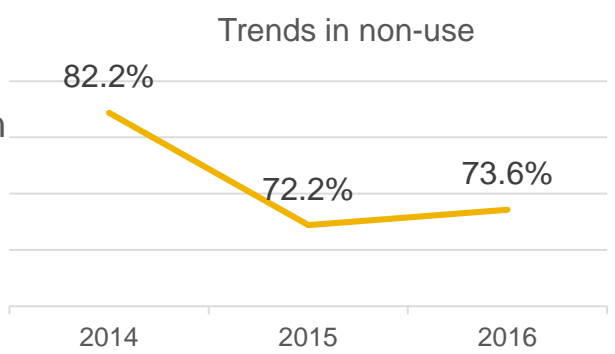
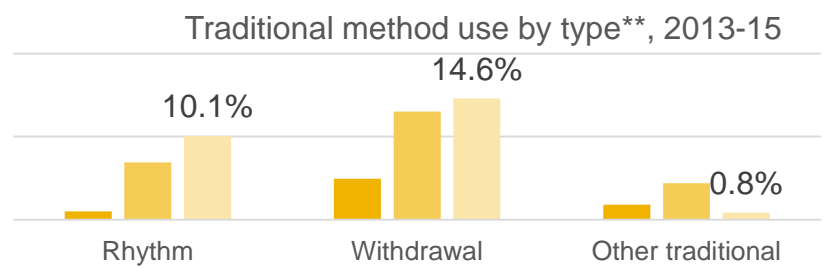
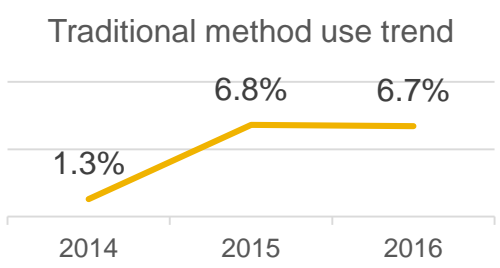
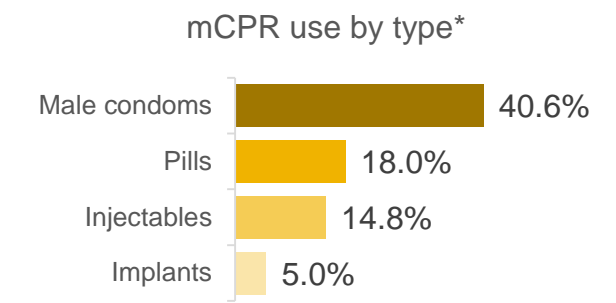
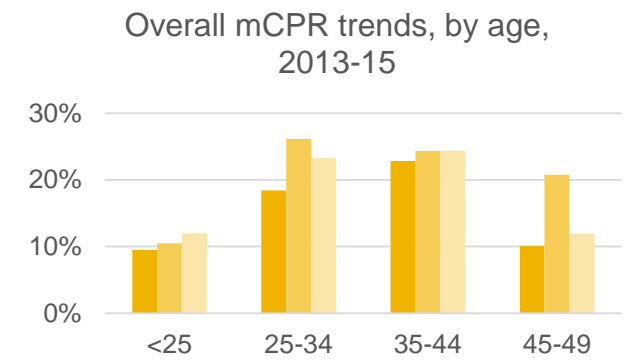
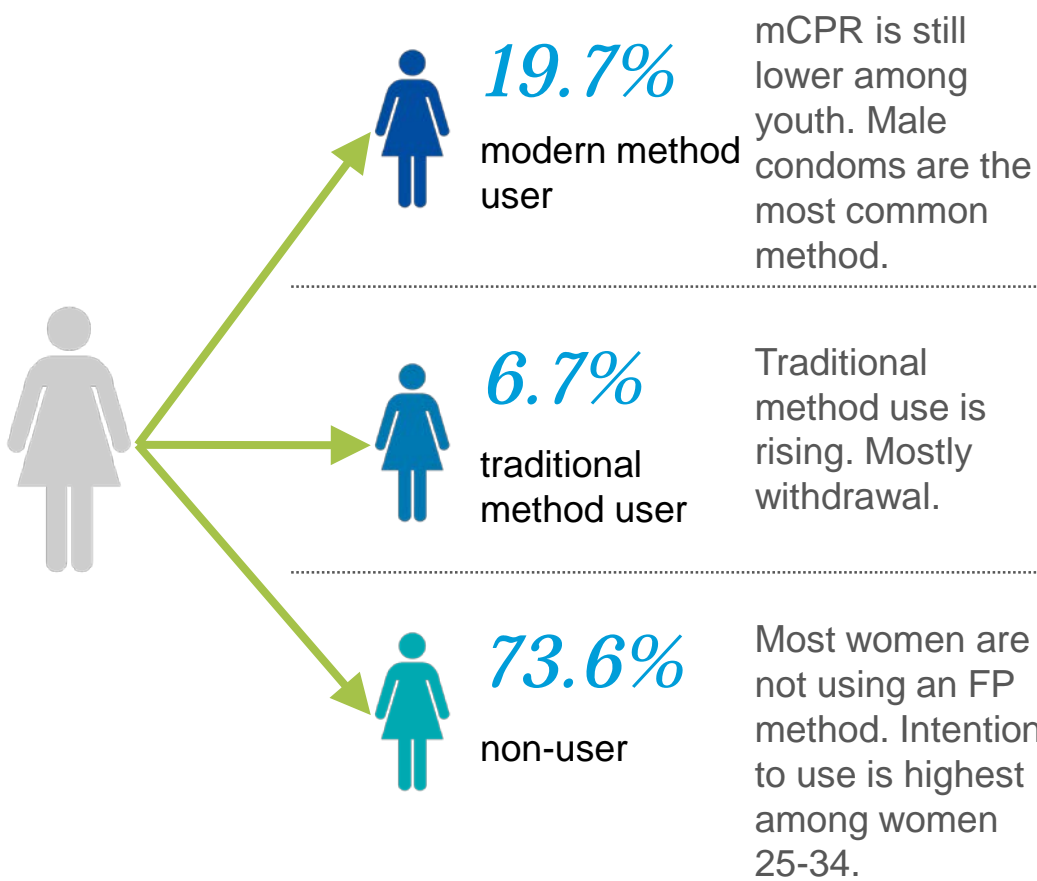
What does contraceptive use look like in Kaduna?

Most women (85%) are not using a method. Among users, injectables are used most, followed by implants and then pills. Intention to use FP among youth and women younger than 35 is moderate but current use remains low.



What does contraceptive use look like in Lagos?

Steady high male condom usage, followed by pills & injectables while most women are not using a method, and use of traditional methods is increasing. Youth intention to use is high but current use is low still.

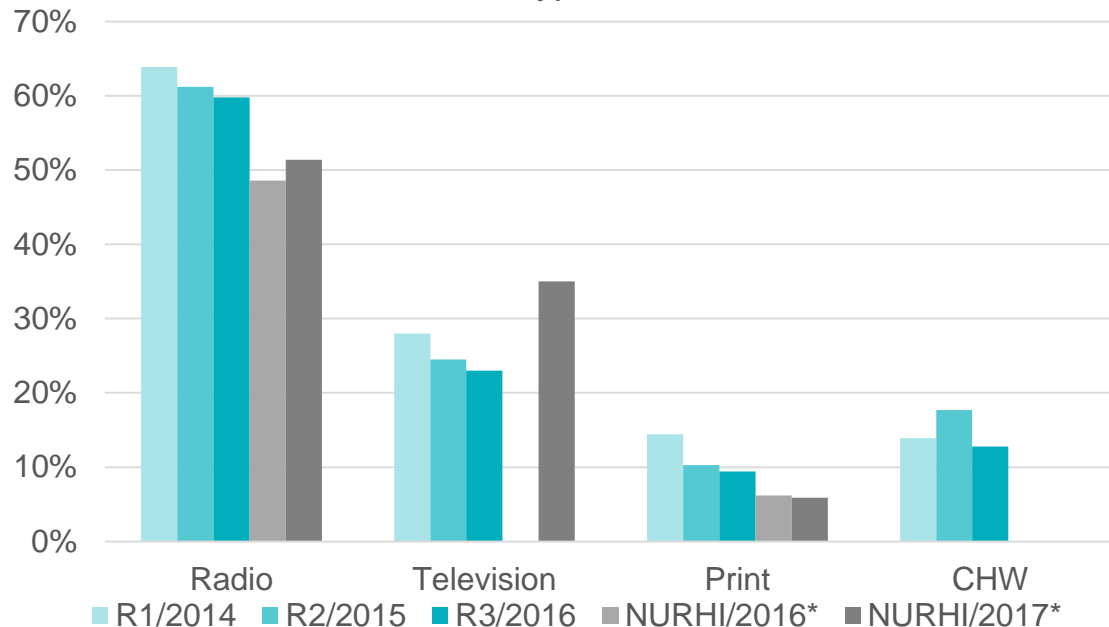


Demand Generation: Exposure to FP messages

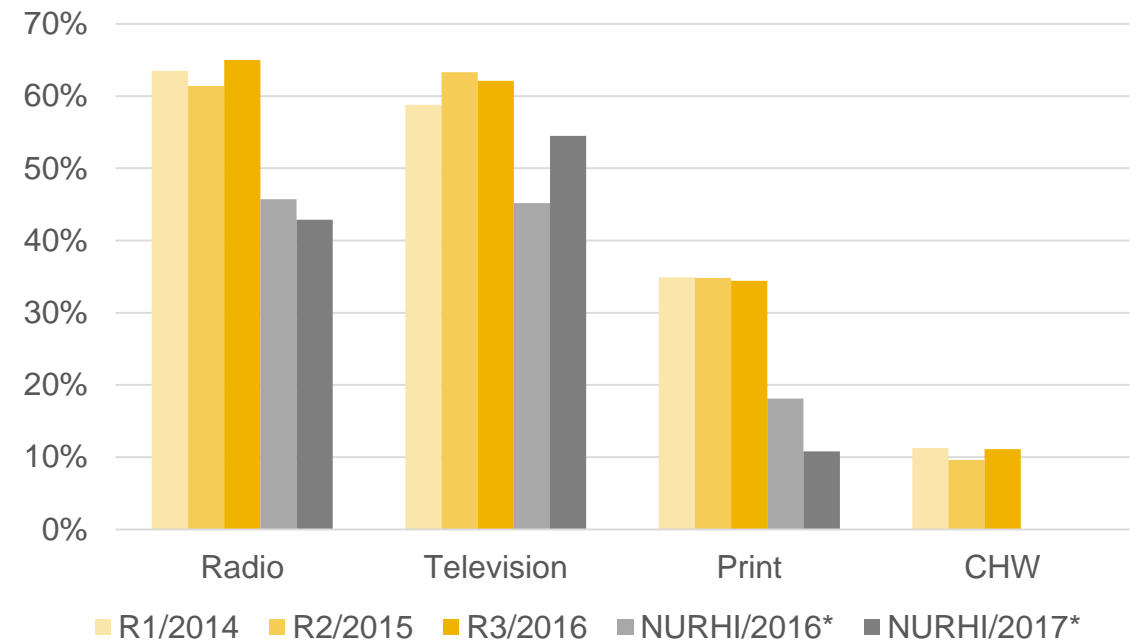
Across Lagos and Kaduna, we generally see a slight downward trend over time in women's exposure to FP messages. Lagos has higher exposure to FP on TV and in print media.

Demonstration models will result in large scale social norms change in focus states

Percent of all women exposed to FP messages by channel type, Kaduna



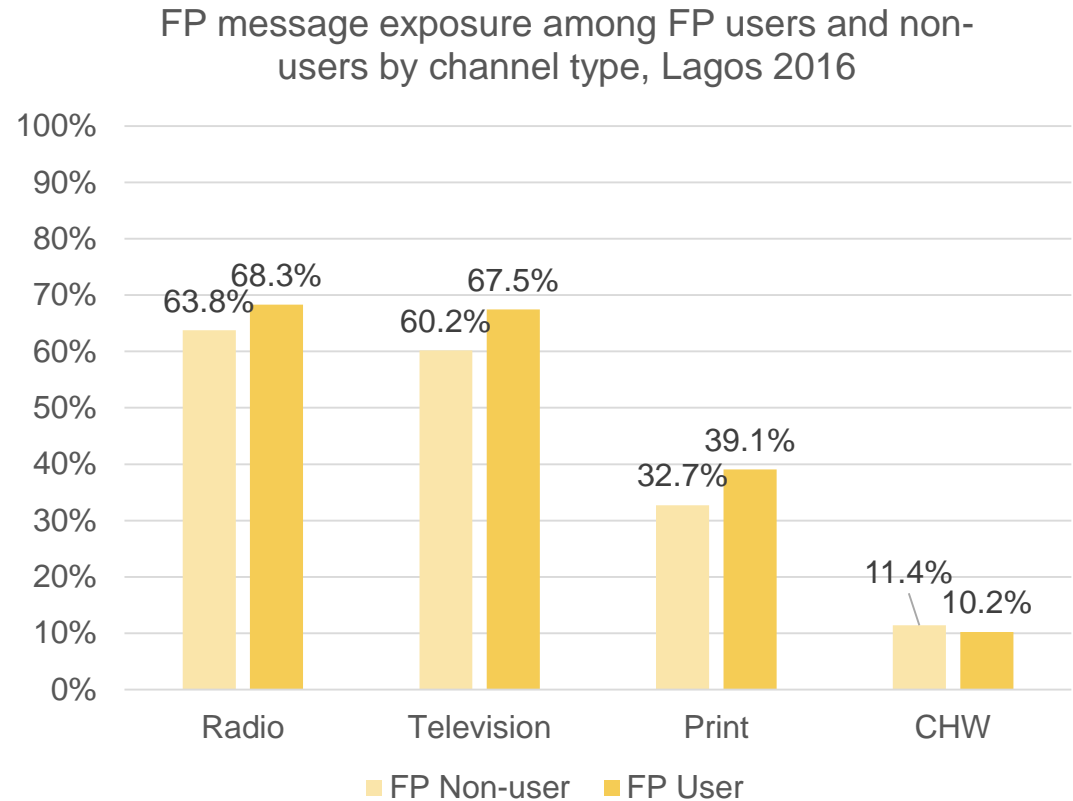
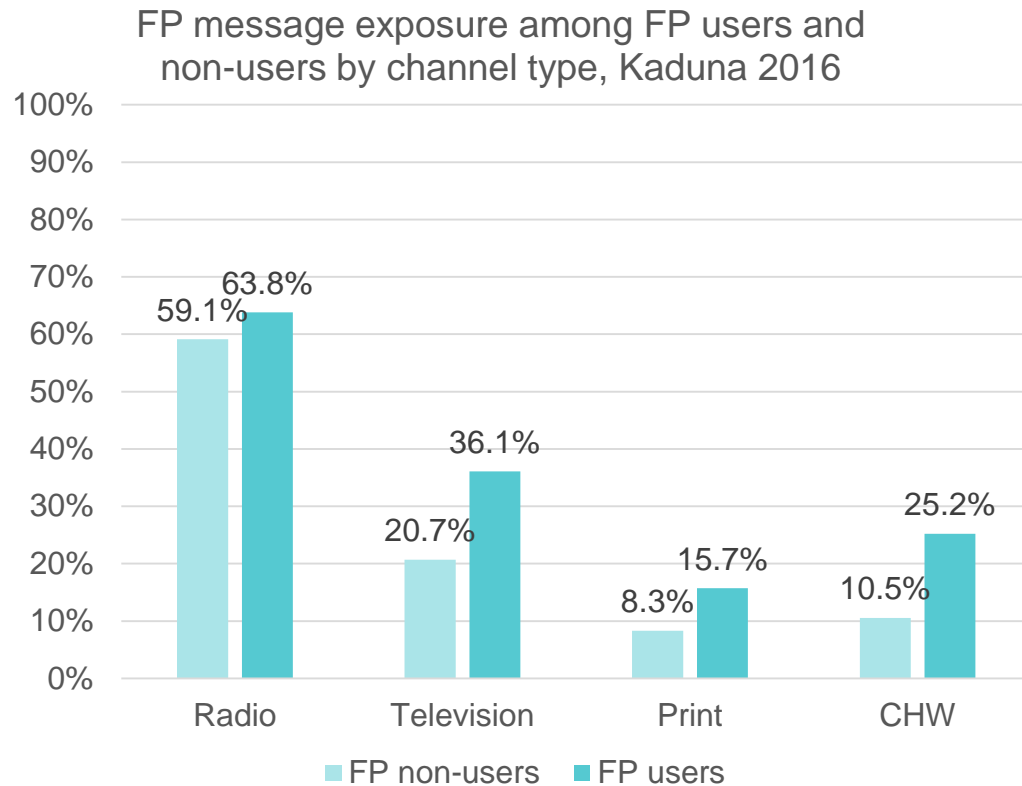
Percent of all women exposed to FP messages by channel type, Lagos



Demand Generation: Exposure to FP messages

Non-users reported slightly lower levels of exposure to FP messages as compared to FP method users, with the exception of CHW in Lagos.

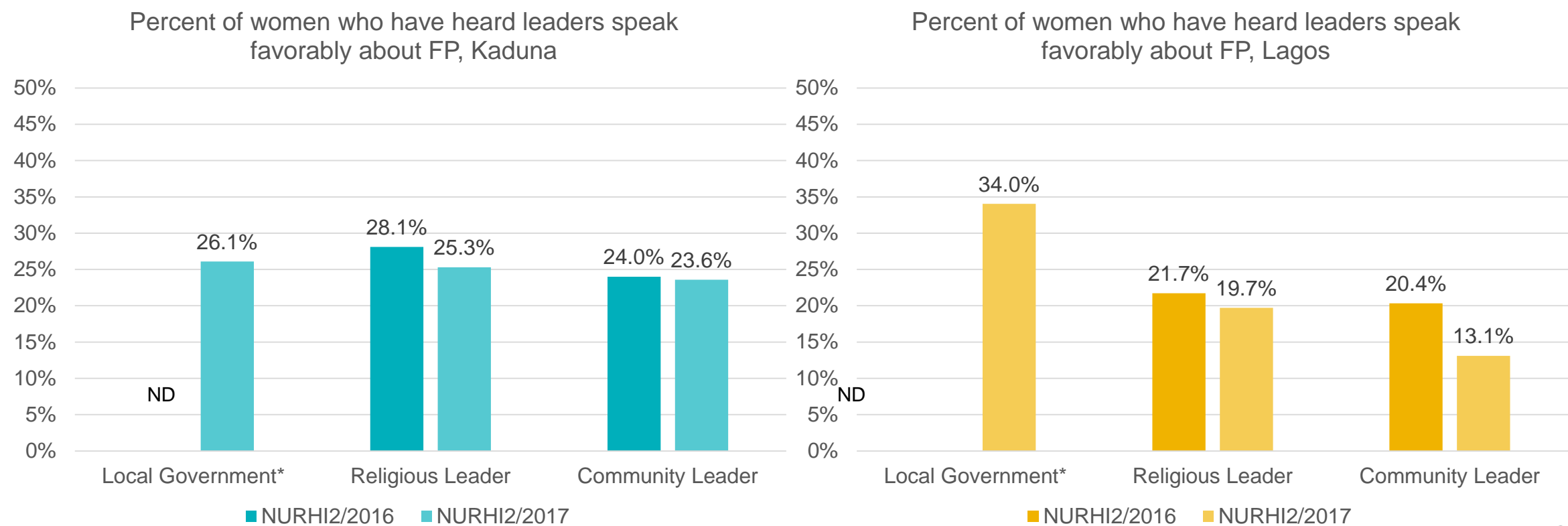
Demonstration models will result in large scale social norms change in focus states



Demand Generation: Exposure to FP messages

About one in four women in Kaduna or Lagos has heard leaders speak favorably about family planning.

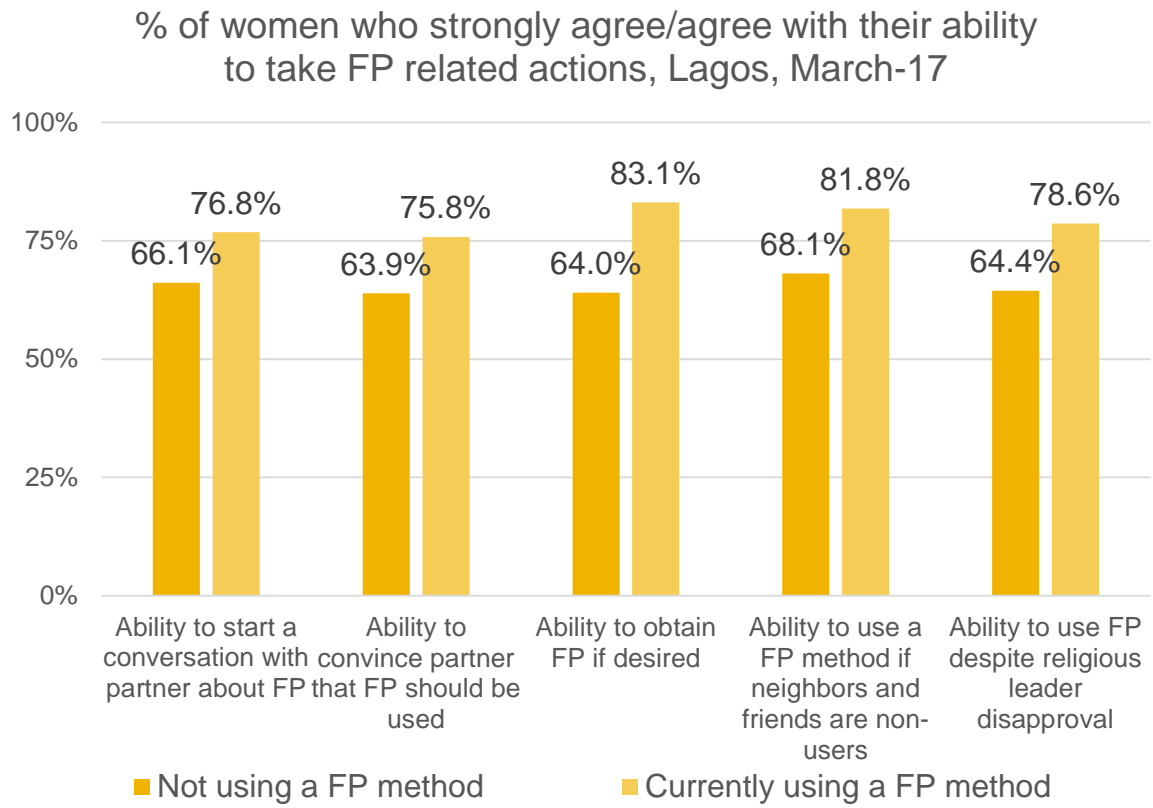
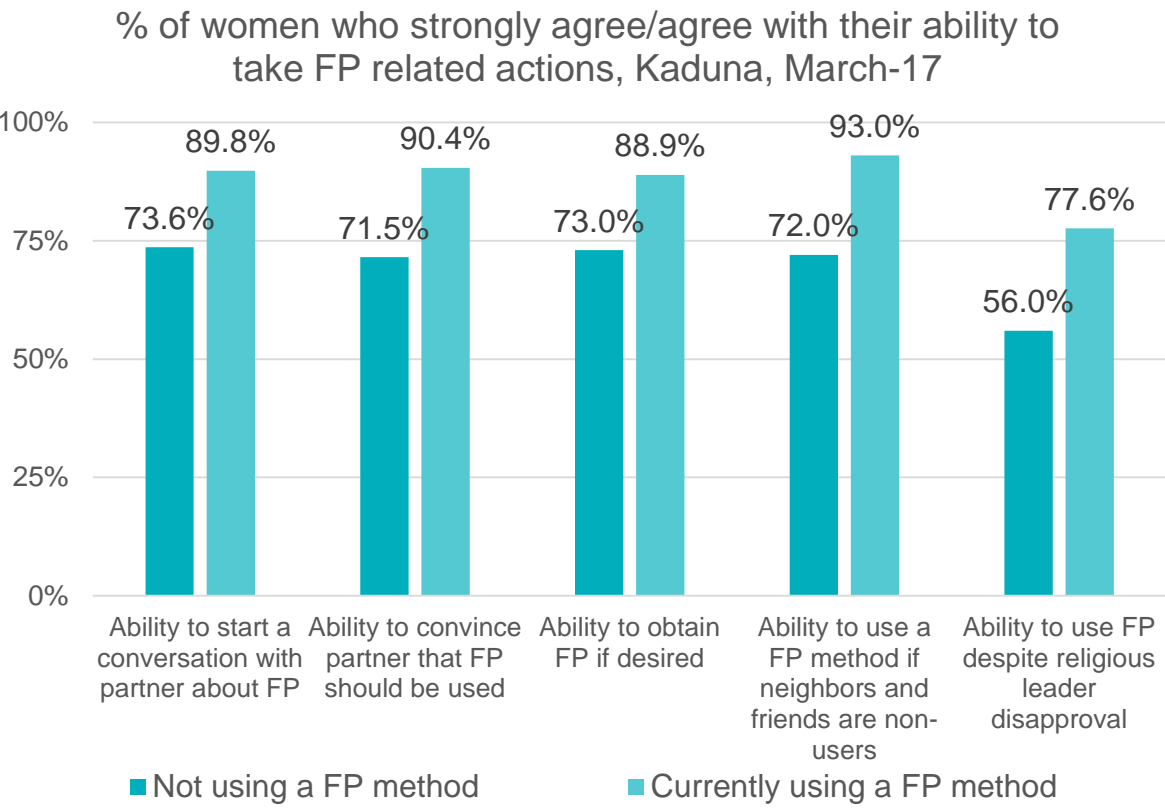
Demonstration models will result in large scale social norms change in focus states



Perceived self efficacy and FP use

People who use FP feel more perceived efficacy towards FP-related items. Women from Kaduna are also generally perceive themselves as able to discuss FP more than women from Lagos.

Demonstration models will result in large scale social norms change in focus states

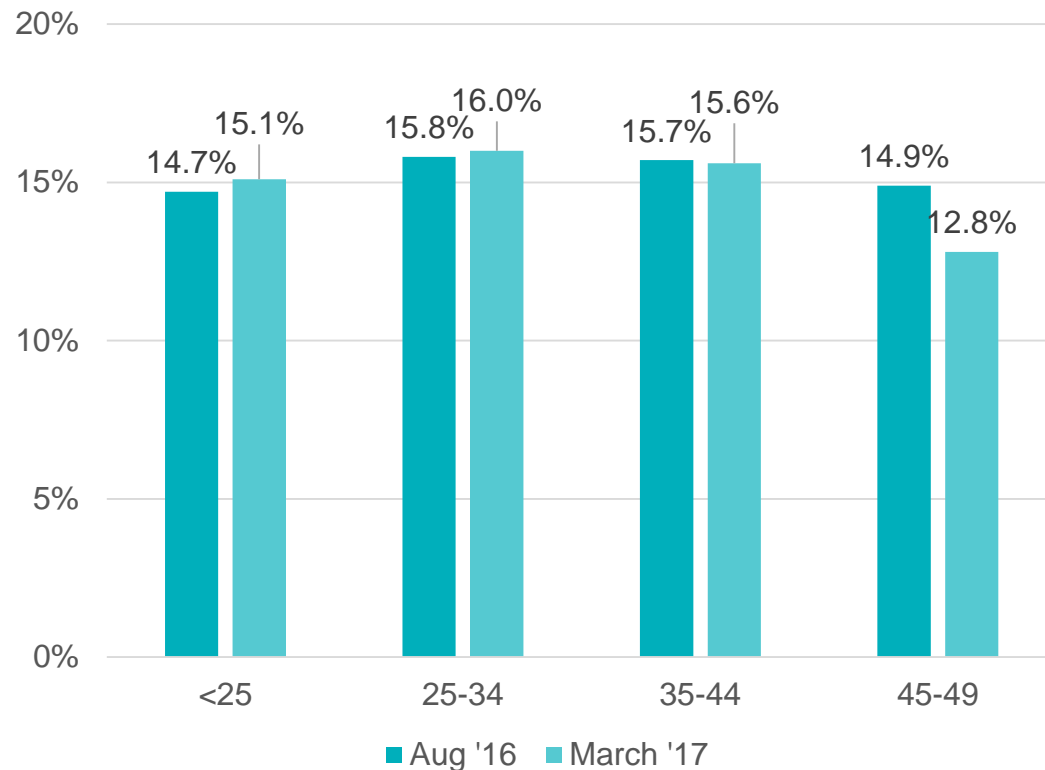


Perceived self efficacy and age

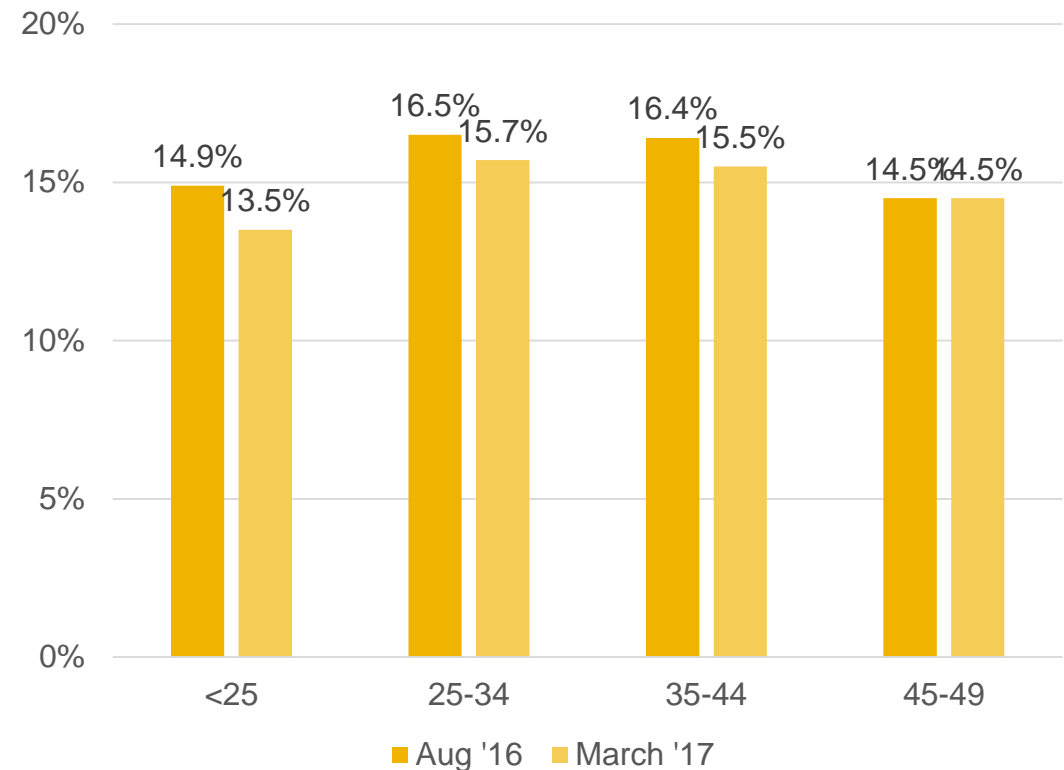
Women age 25-44 report higher self-efficacy for FP. Suggestion of slight decline in self-efficacy for women 45-49 in Kaduna and under 45 in Lagos.

Demonstration models will result in large scale social norms change in focus states

Mean Perceived Self-Efficacy Score for contraceptive related actions by age, Kaduna



Mean Perceived Self-Efficacy Score for contraceptive related actions by age, Lagos



Why aren't women using FP?

Women have varied reasons why they don't use FP. About half of women who don't currently use FP say they intend to use in the next year.

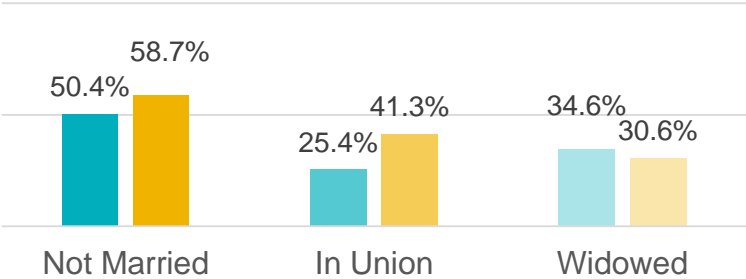


Why don't they use FP?

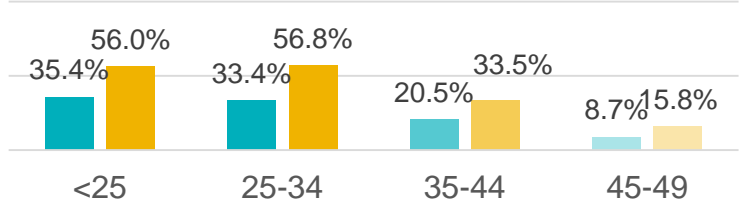
	Kaduna	Lagos
Want more children	73.3%	66.3%
Infrequent/no sex	36.1%	18.8%
Fear of side effects	9.6%	11.3%
Opposition to use	4.2%	6.6%
Breast feeding	3.2%	4.8%

Intention of women to use FP, by:

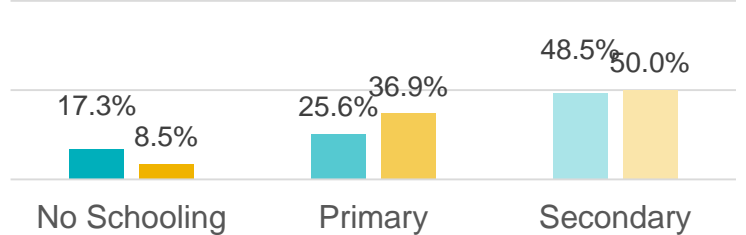
marital status



age



education



Kaduna Lagos

Demand generation: Bottom-up synthesis

Facilitators most cited

		<i>POs</i>	<i>Grantees</i>
✓	In-house expertise in implementing demand generation interventions		
	Positive partnership with & support from gov't agencies, communities & collaborators		
	Availability of theoretical framework, pre-existing platform & data supporting the interventions		
	Framing FP as a socio-economic development issue in advocacy messages		
	Application of innovative interventions (i.e., human-centered design)		
	Pre-existing training materials, and advocacy and communication toolkits		

Barriers most cited

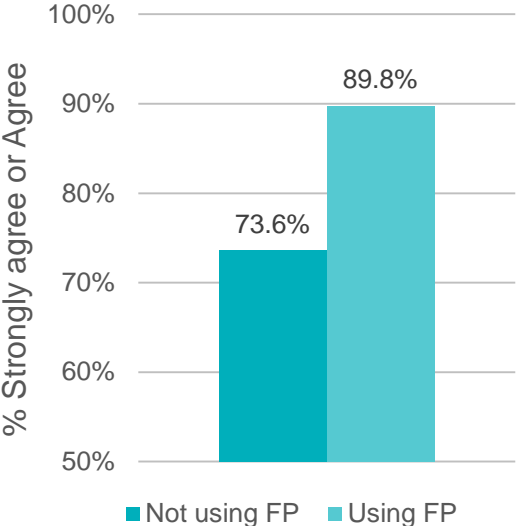
✗	MTV Shuga is newer to working on FP		
	Challenges in programming on radio & TV, including limited FP plots/features, costly airtime		
	Changes in leadership of community associations and network organizations		
	Limited resources and technical support to implementation in hard-to-reach areas		
	Difficult to recruit & manage social mobilizers in Kaduna and Oyo		
	Limited availability and participation times of celebrities		
	Foreign currency (exchange rates) and cost of materials		

Summary dashboard: Demand generation

Those who use FP have high levels of FP-related self-efficacy, but the majority of women are not users. Exposure to FP messages is dropping, although many hear through their community.

Women's perceived self-efficacy

Ability to start a conversation with a partner about FP, Kaduna



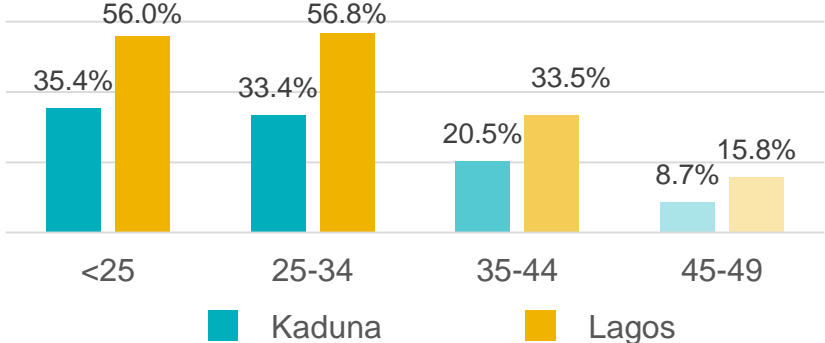
Women's perceived self-efficacy to access & use FP is high in target states.

Self-efficacy rates slightly lower among:

- ▶ Youth
- ▶ In Kaduna
- ▶ Those not currently using FP

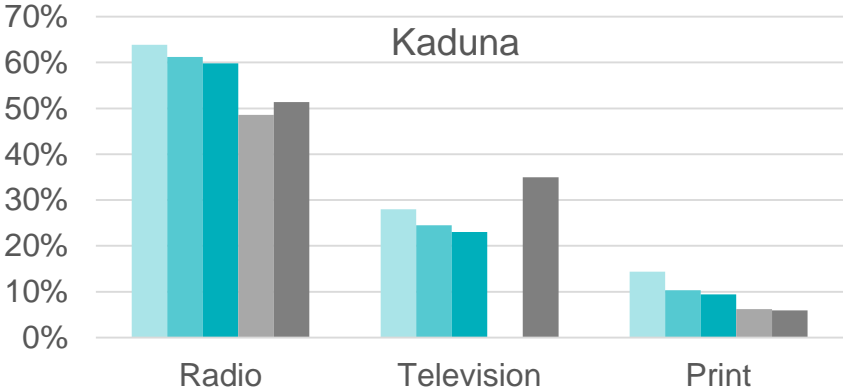
Intention to use

Youth intention to use is high, but current use is still low.



Area of improvement

Overall, slight downward trend in FP message exposure via media outlets.



>50%

of women were exposed to radio FP messages in Lagos/Kaduna

about 1/4

of women heard religious figures speak about FP

35%

of women were exposed to TV FP messages in Kaduna



Findings: Service delivery

Nigeria Findings

Demonstration models: Service delivery

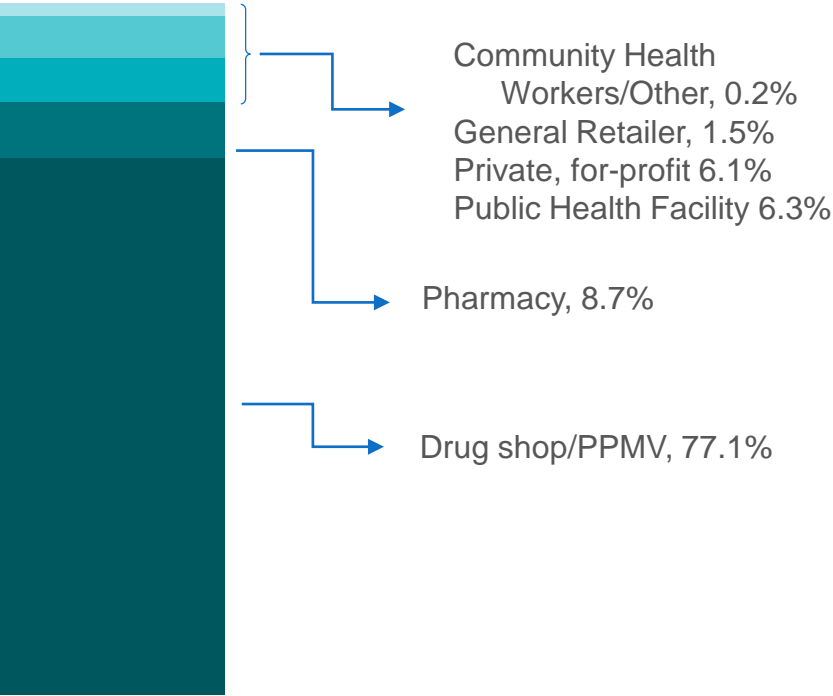
Critical Assumptions	Expected changes	Sentinel indicators
<i>Service delivery models will increase quality and access to FP services/commodities</i>	Access to services is increased in focus states	<ul style="list-style-type: none"> ▸ % of facilities offering at least five modern contraceptive methods, 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	<ul style="list-style-type: none"> ▸ % of women counseled on side effects
<i>Introducing a new method (Sayana® Press) will create new demand for services, especially among youth</i>	Increased demand for Sayana® Press, especially among youth	<ul style="list-style-type: none"> ▸ % of Sayana® Press users that are new users of FP among users ages 15-49 and among youth ages 15-24.
<i>The Task Shifting/Sharing Policy increases access to FP (implant, IUD, Injectables, SP)</i>	Increased access and uptake of methods from lower level cadre outlets & providers.	

Sentinel indicator updates: Service delivery

Critical assumptions (in blue boxes) are checked against sentinel indicators to measure changes in the Nigeria's FP enabling environment.

Service delivery models will increase access of FP services/commodities

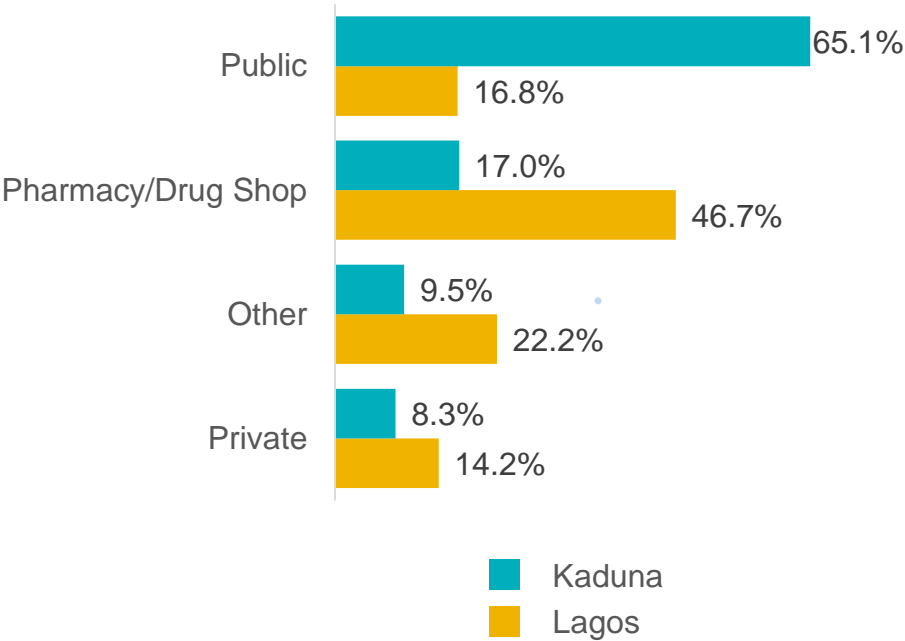
National contraceptive market composition, by outlet type



The national market for FP is dominated by drug shops but where women obtain methods varies greatly by state.

In Kaduna most women obtain FP from the public sector, while in Lagos most obtain FP from drug shops.

Source of modern methods for current users*



Kaduna
Lagos

*Excluding women currently using LAM

Source: PMA2020, Women's data, , R3/2016 Lagos; R3/2016, Kaduna FPwatch, Study Reference Document Nigeria Outlet Survey 2015, 2017

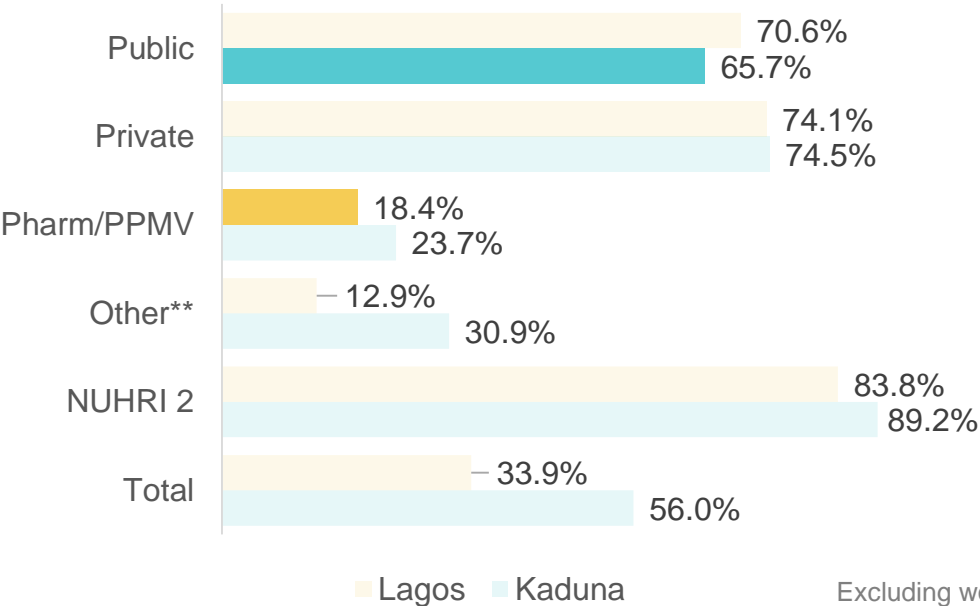
Quality of service: Side effect counseling

Service delivery models will increase access of FP services/commodities

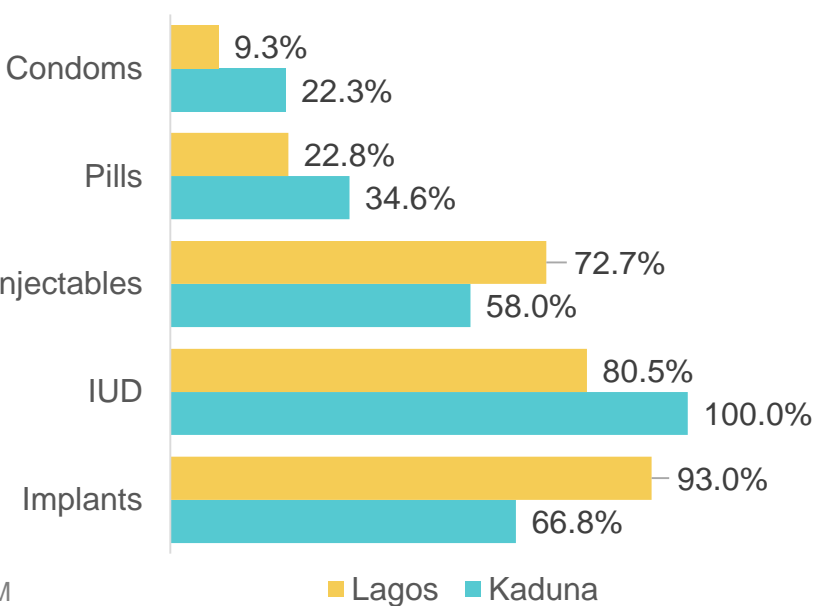
Primary FP facility differs by region (Lagos: pharmacies, Kaduna: public sources). The difference in counseling levels by facility has a significant impact on quality of service. NUHRI 2 facilities have higher counseling levels of any facility type.

Side effect counseling also differs greatly by method, with LARC users receiving the most counseling.

Percentage of women counseled on side effects for their current modern method by facility



Percentage of women counseled on side effects for their current modern method by method



Excluding women currently using LAM
**Other facility type includes no response

Service delivery: Sayana® Press

Providers are a key link in trying a new method (Sayana® Press) or technique (HSI). This needs to be balanced with ethical considerations of informed choice and quality of care.

Introducing a new method (Sayana® Press) will create new demand for services

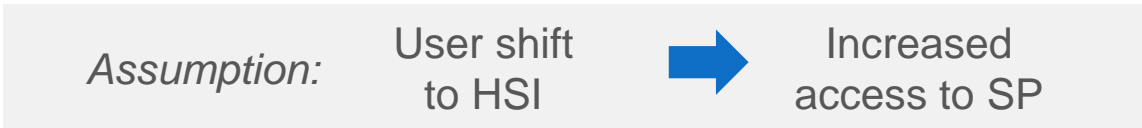
Provider Counseling

Higher quality counseling sessions are significantly related to trying and continuing use of Sayana® Press.

Areas for improvement

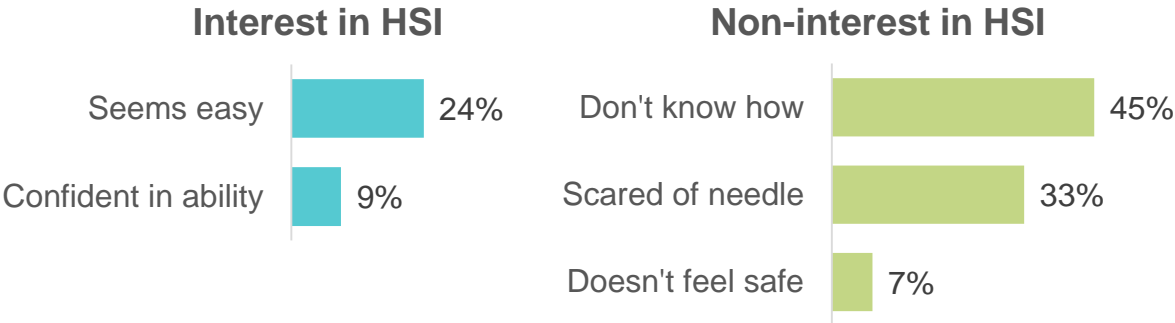
- ▶ **Counseling on a full range of methods** – only 45.3% were told about a method beside Sayana® Press
- ▶ **Provider bias for SP** – only 3.7% reported the provider had little to no preference on FP method
- ▶ **Women’s experience of side effects** – side effects were the main reason given for discontinuing use

Home and Self-Injection (HSI)



28%

of Sayana® Press users are interested in home and self-injection, Nigeria 2015-2016



Service delivery: Bottom-up synthesis

Facilitators most cited

		<i>POs</i>	<i>Grantees</i>
✓	Pre-existing tools, training materials, framework, and service-delivery-support data		
	Active negotiation of pharmacy community		
	Positive support from partners and health care providers		
	Strong engagement and support of staff		
	Strong impacts of mass media campaigns on social mobilizations, and quality of counseling		
	Guidance of the Task Shifting policy		

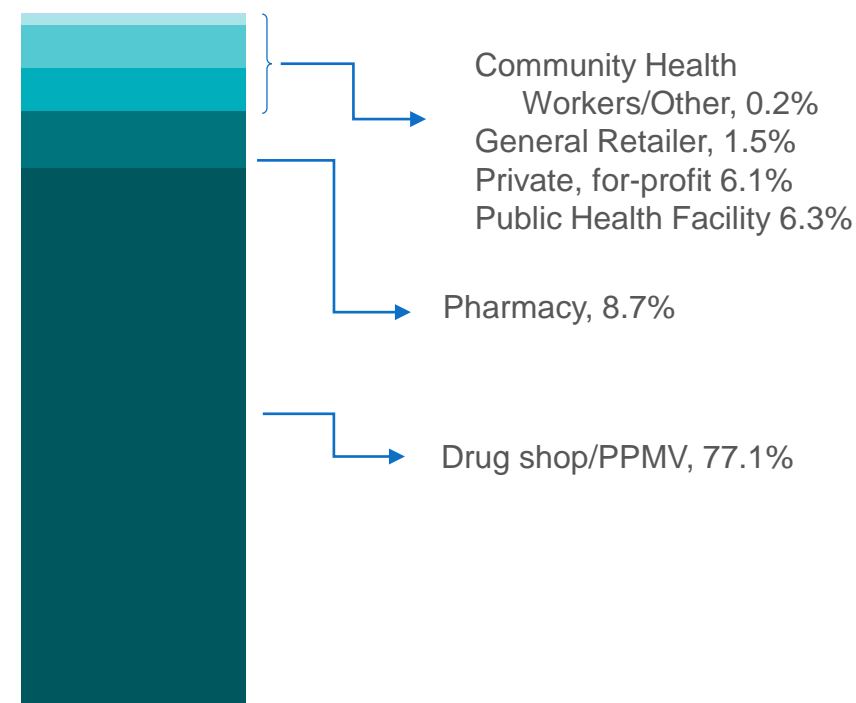
Barriers most cited

✗	Lack of intentionality to connect the service delivery framework with other programs		
	Limited support and participation of providers/CHEWs for FP service provision		
	Insufficient funding for commodities, limited availability of FP products/ medical equipment		
	Challenges to introduce a new FP product due to Nigeria's fragmented private sector		
	Limited data on FP product use due to difficulty in recruiting users for survey		

Summary dashboard: Service delivery

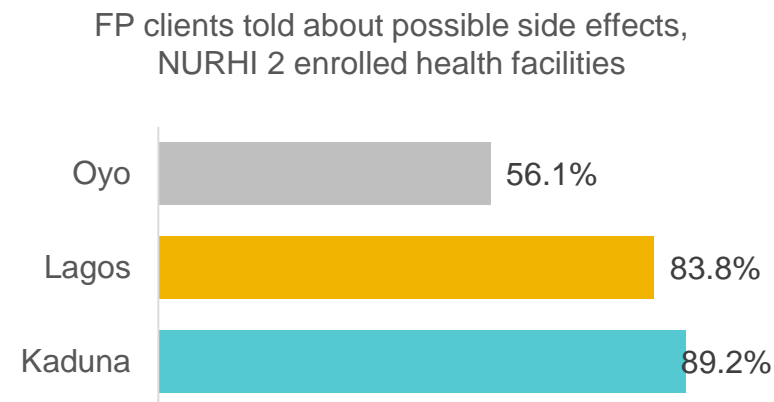
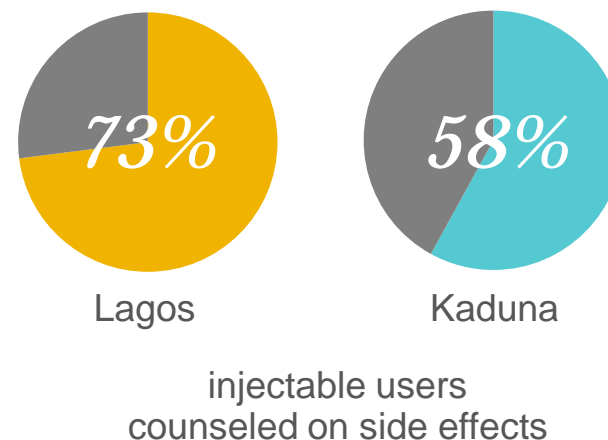
PPMV's make up the majority of the FP market as condom use is still the dominant method. Thus, counseling remains low in these outlets.

National FP market, by outlet



77% of national contraceptive market sites are PPMVs

Differences in side effect counseling



Sayana® Press expansion

Expansion of SP needs to be balanced with ethical considerations of informed choice and quality of care.

28% of Sayana® Press users are interested in home injection

less than 1/4 of women at pharmacies/PPMV's were counseled on FP



Findings: Coordination, scale-up & overall impact

Nigeria Findings

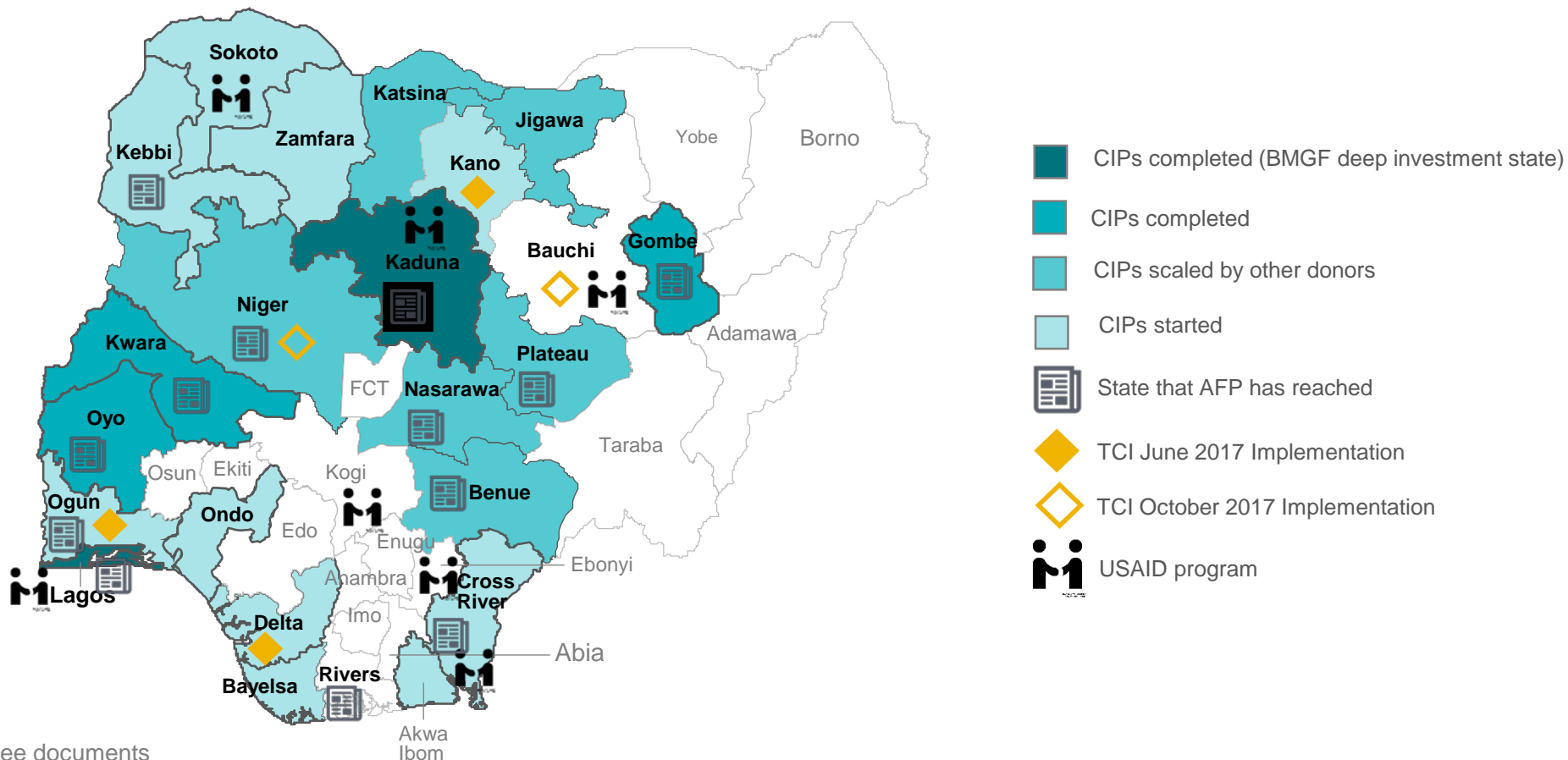
Scale-up and overall impact

Critical Assumptions	Expected changes	Sentinel indicators
<i>Contributing to national conversation on FP enables successful adoption of models</i>	Successful models are adopted & replicated or scaled-up	<ul style="list-style-type: none">▸ mCPR in Kaduna and Lagos▸ # of states scaling up elements of demonstration projects▸ National mCPR
<i>High quality data influences scale-up decisions</i>		
<i>Strong CIPs and donor coordination support model scale-up</i>		
<i>Demonstration models seen as relevant and feasible models by other states</i>		
<i>Model programs remain effective when scaled up by others in new contexts</i>		
<i>Matching funds and TA will incentivize scale-up of effective demonstration models.</i>		

Scale-up: National status and coordination

Some discordance in states with CIPs, AFP activities and TCI. Presents opportunities for coordination.

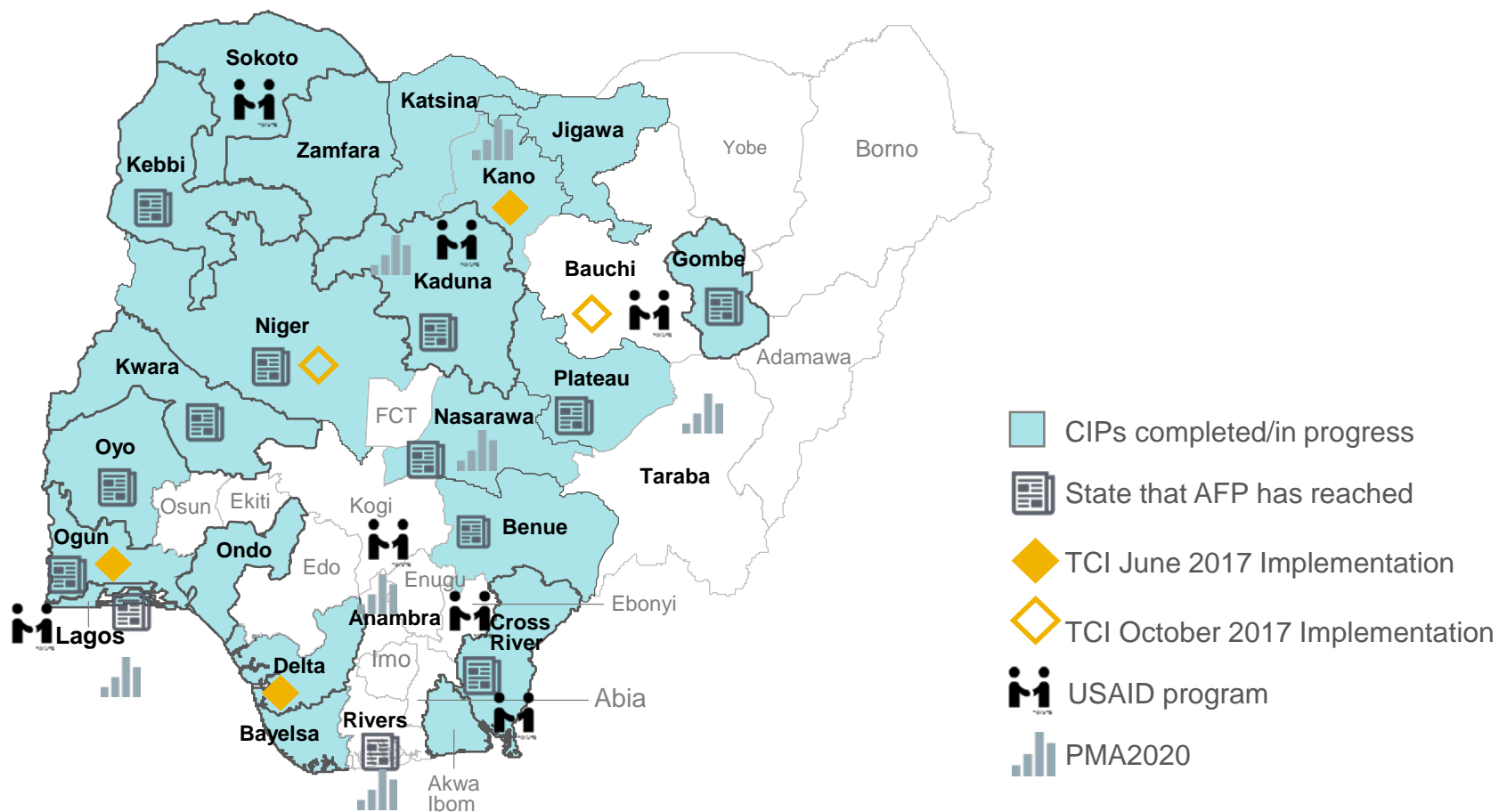
Strong CIPs and donor coordination support model scale-up



Scale-up: Data resources by state

Discordance in where PMA2020 data is being collected and where scale-up is happening.

High quality data influences scale-up decisions



Scale-up: Bottom-up synthesis

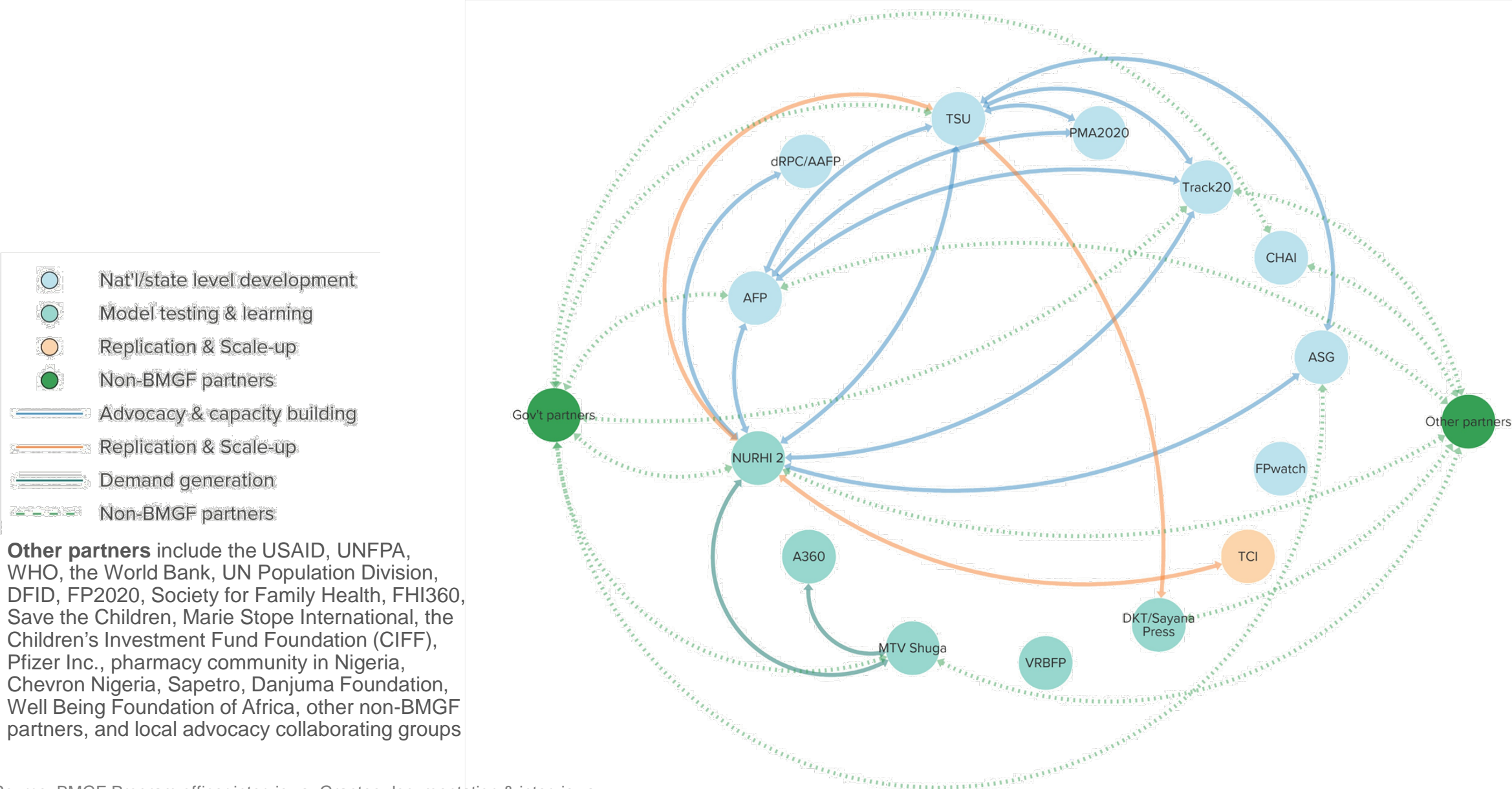
Facilitators most cited

		<i>POs</i>	<i>Grantees</i>
✓	Partnership with NURHI 2 whose success helped leverage TCI		
	Use of pre-existing NURHI 2 toolkit for the implementation process		
	High interest, positive partnership & resource support from other donors to TCI		
	High interest in TCI across the states		
	Government and state funding to mobilize/ attract interest of donors		

Barriers most cited

✗	Partnership with USAID still exploring mechanisms to support TCI		
	Potential gaps in the states that are not able to be addressed by the NURHI 2 toolkit		
	The coaching and mentoring model is not yet operationalized		
	Sometimes low support for FP across certain states in Nigeria		
	Lack of data of what, exactly, the “minimum package” for successful implementation is		
	Complex process of conceptualizing each state’s programs		

Current status of cross-grantee coordination



Potential opportunities

Areas of coordination



National/State level enabling environment development

- National and state advocacy
- Capacity building for gov't & state officials
- Data analysis and dissemination & rolling out of dashboard



Model testing and learning

- Development of demand generation activities



Scaling up

- Support the scale up of TCI and Sayana®Press

Suggested opportunities for additional coordination

Data

- PMA2020 is collecting data in some states without a CIP. Opportunity to use data to stimulate discussion and draft CIPs in these states
- IDEAS (MNCH) is collecting data in Gombe state. Opportunity to add FP measures and enhance data access with a FP CIP
- PMA2020 could potentially support NURHI 2 in secondary data analysis
- PMA2020 data could be integrated into the Track20 FP GOALS model

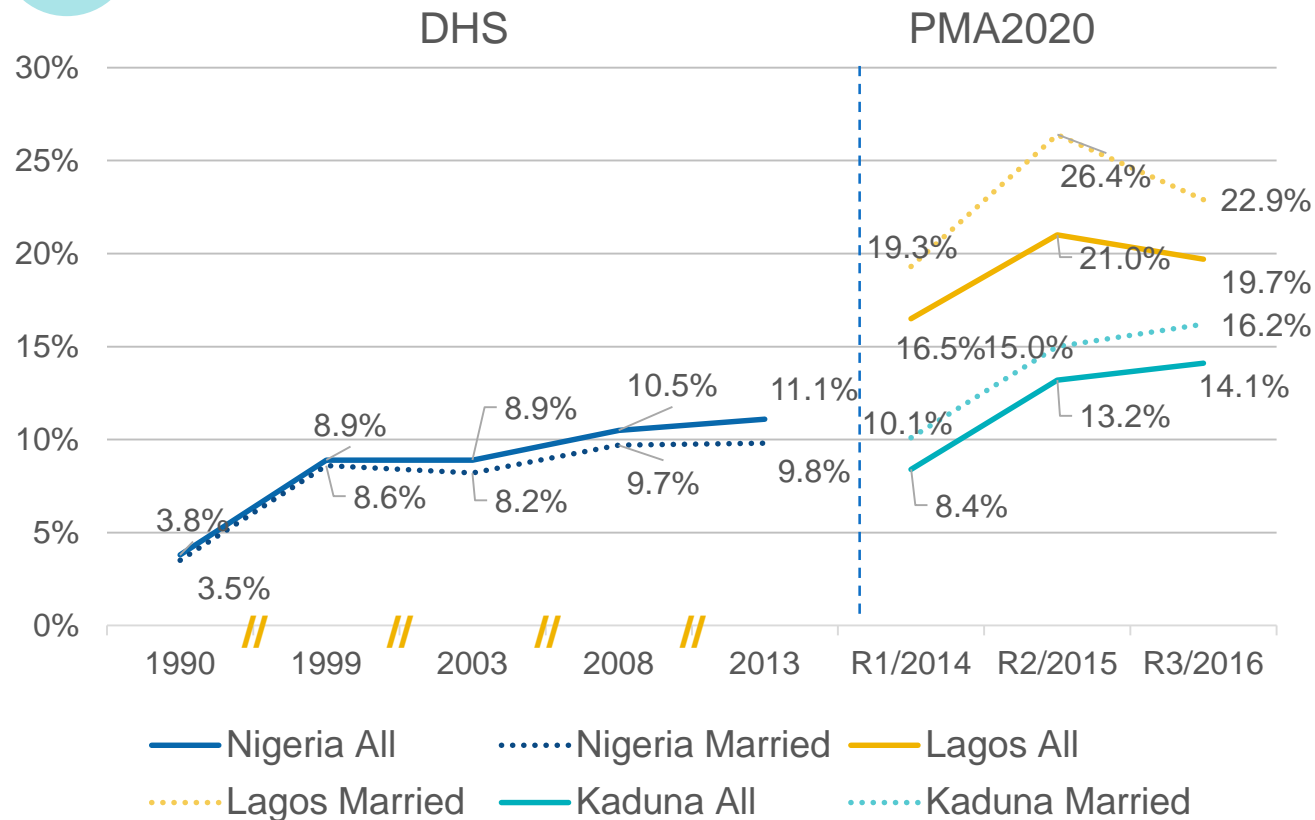
Grantee coordination

- Integrate TCI University "high impact" practices and the impact activities into the FP GOALS model with Track20
- Increase coordination of data use and advocacy partners based on barriers identified by service delivery or demand generation investment partners
- Connect AFP more with ASG to enhance advocacy work

Summary dashboard: Coordination, scale-up & impact

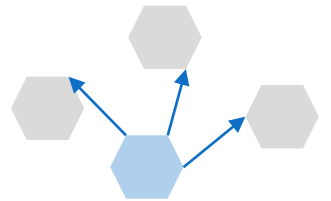
Lagos mCPR trending slightly down for all women and married women. Opportunities for increased coordination in some states for scale-up.

mCPR longer-term trends



BMGF partner coordination

On average, each grantee is connected to **3.07** other grantees



4

States have expressed interest in TCI but have not yet begun a CIP process

Opportunities for improvement

- ▶ **Increase coordination** – AFP is working in one state without a CIP, could link with technical assistance from another donor or BMGF grant
- ▶ **Streamline data collection** – Discordance of where CIPs, advocacy work and PMA2020 are being conducted



FP CAPE website & interactive timeline

FP CAPE website now live

Our new website provides a convenient online location where project goals, methods, and results can be easily disseminated to FP CAPE stakeholders and the larger public.



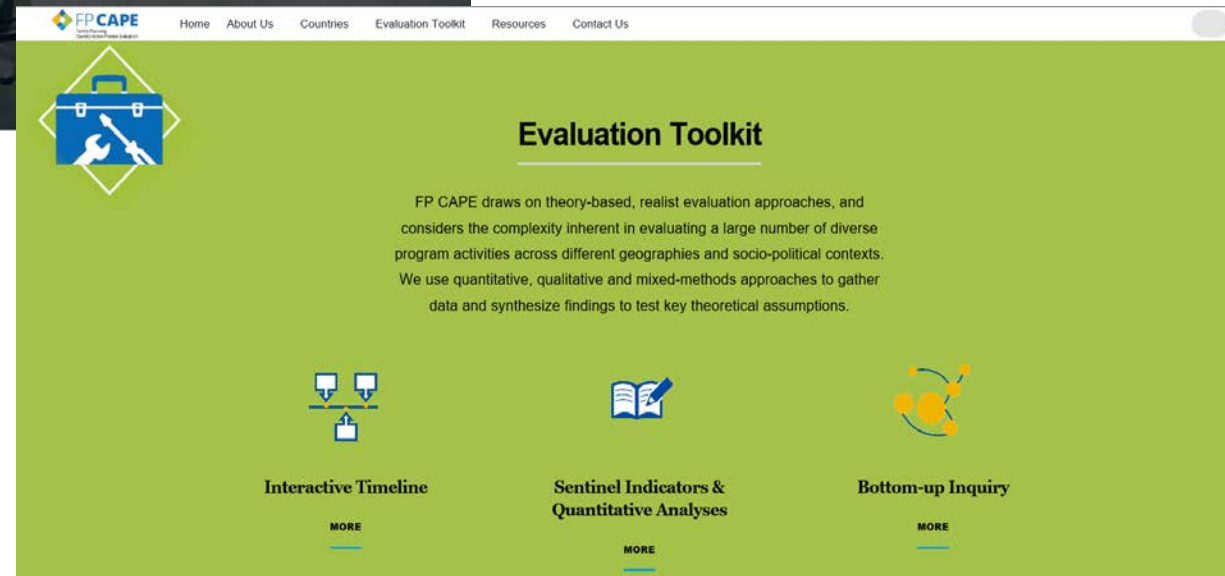
Project overviews

- Specifics about each country portfolio
- Methodologies used for the portfolio evaluation

Quick links

- DRC and Nigeria interactive timelines
- FP CAPE's info and publications

www.fpcape.org



FP CAPE Interactive timeline: Nigeria

The interactive timeline is an effective, visual, and user-friendly way to track and communicate real-time changes in the complex investment portfolio system and the larger FP environment.

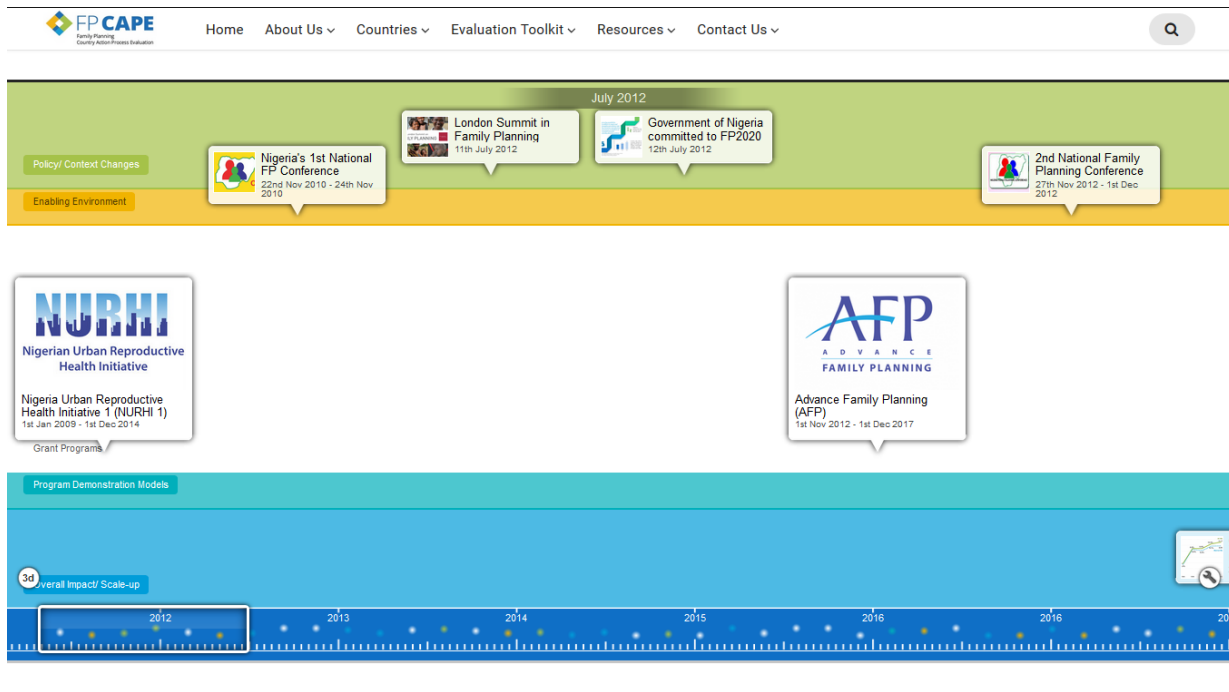
The web-based interface allows users to present grant programs, parallel contextual events, and key data, while tracking their evolution over time.



This platform is designed to allow a diverse group to engage and collaborate, including:

- Grantees
- Policy stakeholders
- BMGF Program Officers
- Other stakeholders

The Nigeria timeline features FP-related events (2012–present) and is updated on a regular basis with additional grants/new FP events added





Appendix

Appendix 1a: Advocacy and capacity building: BMGF POs

Program Officers identified notable changes/updates to the portfolio as well as key factors that either facilitate or hinder BMGF grantee success

Notable changes

- Advocacy grantees have made great effort, but the level of impact is moderate
 - Government of Nigeria (GoN)'s pledges to their FP budget is still low
 - Very few states have released their funding
- NURHI 2's advocacy toward religious leaders contributed to form Christian coalitions for FP
- Task Shifting/Sharing Policy not operational in Lagos State
- ASG has helped enhance the federal and state-level engagements and tracking unreleased funding.

Facilitators



- Increasing high-level political support to FP/ child spacing
- Good connection with govt offices at both federal and state levels
- Grantees' good knowledge about other strategy areas, and active involvement of grantee leaders in in-country programs

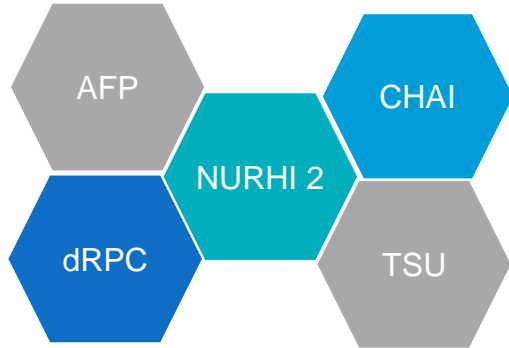
Barriers



- FP is not the top GoN health priority
- Frequent changes in policies, but lack of the operationalization of the policies,
- Financial crisis and shrinking funding from other donors
- Lack of transparency in FP budget spending
- Limited coordination/communication across advocacy grantees and other areas of investment

Appendix 1b: Advocacy and capacity building: SSM, doc review

Main Activities



- Engage policymakers/stakeholders to secure FP funding and develop CIPs
- Build capacity of federal & state govts, FP stakeholders, CSOs on CIP execution, budget tracking, FP advocacy skills
- Provide TA to federal & state agencies, and partners to execute state CIPs, operationalize Task Shifting Policy, facilitate RHTWG, and develop advocacy strategies
- Conduct FP advocacies to federal & state govt offices, and media houses
- Strengthen collaboration/learning community among federal & state-level stakeholders, partners and the media to advocate for and track FP commitments

Facilitators



- Powerful rationale of socio-economic development to engage policymakers/stakeholders in supporting FP
- Existence of national and state FP data, policy documents, and tools
- Positive support FMOH & SMOH leadership and FP stakeholders/donors toward the national FP agenda
- Systematic implementation of FP at nat'l level, and the sustainability of momentum of FP at state level
- Positive relationship with the government agencies
- In-house capacity for training & advocacy activities

Barriers



- Delays between govt's commitments and their actualization
- Bureaucracy within govt agencies, and rapid turnover of govt officials
- Funding shortfalls for FP
- Limited availability and poor quality of routine data and FP budget information at federal and state levels
- Lack of transparency on FP budget allocation & release
- Lack of collaboration among govt agencies, FP stakeholders & partners
- Lack of mechanism to involve CSOs in FP
- Poor internet access

Appendix 1c: Data collection & use: BMGF POs

Program Officers identified notable changes/updates to the portfolio as well as key factors that either facilitate or hinder BMGF grantee success

Notable changes

- ▶ The bar for FP has been raised:
 - ▶ High-level attendance at the National FP Conference
 - ▶ The Parliament's announcement on the reiteration of FP budget for FP commodities
- ▶ The dissemination of PMA2020 findings enhanced enthusiasm and made a good start in building ownership of the data among stakeholders.
- ▶ Track20 has embedded with the FMOH & SMOH systems by locating M&E officers in the FMOH and SMOHs (i.e., Lagos and Kaduna)
- ▶ A360's formative research findings on young adolescent intended to inform other grantee's activities, including MTV Shuga, DKT

Facilitators



- ▶ Findings data showed progress in the national FP situation, which excited stakeholders (i.e., PMA2020)
- ▶ Support from FP stakeholders & partners due to growing visibility of the PMA data collection, and user-friendly data dissemination
- ▶ Accessibility of Track20 within MOHs
- ▶ The high tensions between UNICEF's SMART survey and PMA was resolved

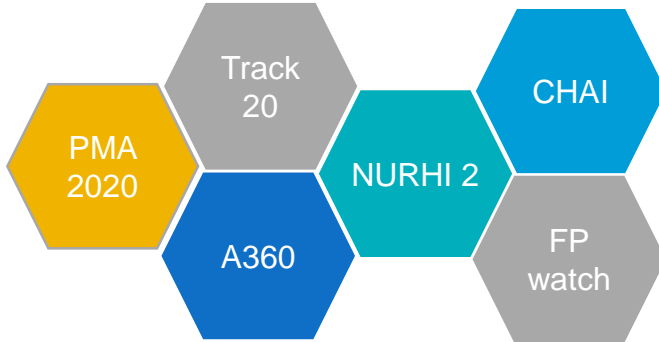
Barriers



- ▶ Conflicted between geographical mandate for where to collect data and where people would like to collect the data (PMA2020)
- ▶ Low ownership of data for federal- and state-level stakeholders
- ▶ PMA data serves as advocacy and communication rather than hard M&E due to small sample size & large sample error rates
- ▶ Limited availability and qualification of embedded M&E officers, limiting the influence of data use
- ▶ Disconnection between M&E officers and gov't agencies due to their office location within the Bureau of Statistics
- ▶ Limited interaction among grantees, FMOH/SMOH offices and other FP stakeholders

Appendix 1d: Data collection & use: SSM, doc review

Main Activities



- ▶ Create and manage national FP dashboard
- ▶ Conduct and disseminate FP research and surveys (i.e., landscape of ASRH, stakeholder mapping, FP service monitoring)
- ▶ Conduct in-country trainings on data collection/ tracking/ analysis/ use for high level M&E officers and FMOH/SMOH
- ▶ Engage FMOH/FMOH in system strengthening and ensuring that CIPs have M&E plan in place
- ▶ Develop FP Goals Estimation Model
- ▶ Develop and launch online facility DataLab, that enables users to create their own graphs of key FP indicators

Facilitators



- ▶ Strong technical support in data collection/ management/ analysis from headquarter staff
- ▶ Availability and strong capacity of local staff to support IRB compliance and data collection
- ▶ Positive partnership and support from gov't leaders, state IRBs, other FP stakeholders, local partners, and donors
- ▶ Availability of database, tools and documents from partners (i.e., Family Planning Estimation Tool)
- ▶ Positive coordination across grantees & with security agencies
- ▶ Flexibility in allocating funds based on emerging needs

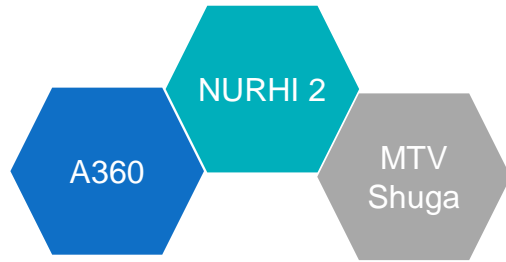
Barriers



- ▶ Delayed in IRB approvals due to the strict requirements
- ▶ Limited resources and technical support to collect data in hard-to-reach regions and areas
- ▶ Low report/ coverage rate for routine data across the country
- ▶ Issues with security, especially in Northern region
- ▶ Lack of communication from state partners regarding dashboard updates
- ▶ Low utility of data analysis from federal gov't
- ▶ Limited ability to optimize an efficient partnership with technical service provider due to existing distribution agreements

Appendix 1e: Demand generation: SSM, doc review

Main Activities



- Develop communication/ advocacy strategy, mobilization materials
- Conduct multi-media advocacy, social mobilization, and community engagement activities
- Design and implement models to enhance access to FP among youth
- Build capacity on communication/ advocacy for mobilizers, journalists, editors, health writers
- Partner with the National Youth Service Corps secretariat to design & broadcast the radio talk show "Go Men Go"

Facilitators



- Pre-existing training materials, and advocacy and communication toolkits.
- Availability of theory information, pre-existing platform, and data supporting the advocacy interventions
- In-house capability in implementation and creating a wide member network
- Positive partnership with & support from federal & states gov'ts, local communities, and collaborative organizations
- Global leader position of the prime organization in advocacy work
- Positive response to sex education from parents, providers & youth

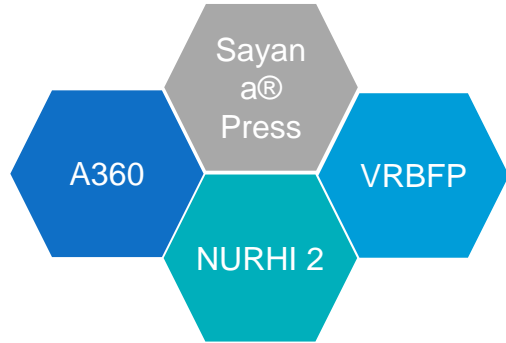
Barriers



- Challenges in programming on radio and TV, including limited FP plots/features, expensive airtime
- Changes in leadership of community associations and network organizations
- Limited resources and technical support to implementation in hard-to-reach regions and areas
- Difficult to recruit & manage social mobilizations in Kaduna and Oyo
- Limited availability and participation times of celebrities
- Foreign currency and cost of materials

Appendix 1f: Service delivery: SSM, doc review

Main Activities



- › Sayana® Press reduced its price to \$0.85 per dose
- › Perform 72-hour clinic makeover in HVSs
- › Conduct clinical outreaches (i.e., CHEWs, and other private channels, text messages)
- › Introduce and distribute commodities (i.e., S®P)
- › Develop and manage commodity logistics and management systems
- › Build capacity for clinical and non-clinical health care providers (i.e., contraceptive methods, counseling)
- › Develop service delivery strategies, which set frameworks for providing quality FP services, and road map for scale-up of FP services
- › Provide FP consultant services

Facilitators



- › Pre-existing tools, training materials, and service-delivery-support data (i.e., in-stock commodities, provider, facility)
- › Positive support from partners and health care providers
- › Strong engagement and support of staff
- › Strong impacts of mass media campaigns on social mobilizations, and continuation and quality of counseling
- › Guidance of the Task Shifting policy
- › Increase in mobile phone subscriber rates
- › FP products' broader appeal to users thanks to less side effects, positive experience, and affordable price

Barriers



- › Limited support and participation of providers/CHEWs to the FP service provision due to their bias against FP, limited availability and short turnover
- › Insufficient funding for commodities, limited availability of products/medical equipment/workmen (including hard-to-reach areas)
- › Challenges to the introduction of a new FP product due to Nigeria's high diverse and fragmented private sector and requirement of an initial prescription (i.e., Sayana® Press)
- › Limited data on FP product use due to difficulty in recruiting users (i.e., young unmarried women, private sector)

Appendix 1g: Scale up: BMGF POs

Program Officers identified notable changes/updates to the portfolio as well as key factors that either facilitate or hinder BMGF grantee success

Notable changes

- TCI was launched and received enthusiasm among stakeholders at the National FP Conference
- There're some positive movements in the model scaling up with high number of health commissioners expressing interest in TCI
- TCI has identified 5 states to move forward with the proposal writing process, including Kano, Delta, Niger, Ogun, Bauchi
- TCI's global toolkit is being developed to address outstanding gaps that are not able to be addressed by the NURHI toolkit
- Preparation is underway for the scale up of Sayana® Press

Facilitators



- Partnership with NURHI 2 whose success helped leverage and bring momentum to TCI
- High interest in TCI across the states
- Use of pre-existing NURHI 2's toolkit for the implementation process
- High interest, positive partnership & resource support from other donors and philanthropists to TCI (i.e., USAID, UNFPA)
- Gov't. and state funding to mobilize/ attract interest of donors

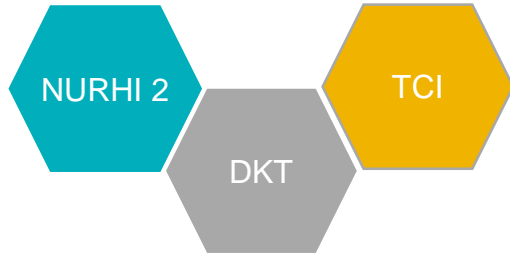
Barriers



- Small number of submissions to TCI
- Partnership with USAID is jammed due to insufficient/non-existent mechanism to support TCI
- Potential outstanding gaps in the states that are not able to be addressed by the NURHI toolkit
- The coaching and mentoring model is not yet operationalized, so unclear on how to implement TCI in a more economical and efficient system of the original NURHI

Appendix 1h: Scale up: SSM, doc review

Main Activities



- ▶ Conduct national communication campaign to advocate and market TCI approach
- ▶ Provide TA to states and cities to conceptualize their programs and applications to TCI
- ▶ Review and shortlist state proposals to access the Challenge Fund (i.e., five states were shortlisted for final selection stage)
- ▶ Work with FMOH, SMOH and other partners to scale up program models/ activities/ materials (i.e., scale up of NURHI logo “Get it Together”, FP radio programs, FP service delivery model)
- ▶ Support FMOH & SMOH to prepare for the scale up of new FP product (i.e., TSU’s landscape analysis of Sayana® Press)

Facilitators



- ▶ Partnership with NURHI 2 who is referred as a leader for integrated FP demand generation approaches
- ▶ Pre-existing toolkits/ materials of NURHI 2 which has contributed to increased CPR
- ▶ Other donors’ high interest in joining TCI (i.e., USAID, UNFPA, and TJ Mather)

Barriers



- ▶ Support for FP varies greatly across states, esp. those in which donors are not investing specifically in FP
- ▶ Lack of data/evidence of what, exactly, the “minimum package” for successful implementation is
- ▶ Complex process of conceptualizing each state’s programs (i.e., assessing needs of a state, using data to understand gaps & barriers, and designing a FP program)

List of abbreviations

A360	Adolescent360	mCPR	Modern contraceptive prevalence rate
AFP	Advance Family Planning	M&E	Monitoring and evaluation
ASG	Albright Stonebridge Group	MNCH	Maternal, newborn, and child health
ASRH	Adolescent sexual and reproductive health	NCIFP	National Country Index for Family Planning
BMGF	Bill & Melinda Gates Foundation	NURHI	Nigerian Urban Reproductive Health Initiative
CHAI	Clinton Health Access Initiative	PACFaH	The Partnership for Advocacy in Child and Family Health
CHW	Community health worker	PMA2020	Performance Monitoring and Accountability 2020
CHEW	Community health extension worker	PMA2020 SDP Data	PMA2020 Service Delivery Point Data
CIP	Costed Implementation Plan	PMA2020 WS Data	PMA2020 Women Survey Data
CPC	Carolina Population Center	PNSR	Programme National la Santé de la Reproduction
CPR	Contraceptive prevalence rate	PO	Program Officer
CSO	Civil society organization	PPMV	Proprietary patent medicine vendors
DFID	Department for International Development	RH	Reproductive health
DHS	Demographic and Health Survey	SDGs	Sustainable development goals
DKT	DKT International	SMOH	State Ministry of Health
DRC	The Democratic Republic of the Congo	SSM	System support map
dRPC	Research at the Development Centre	SP	Sayana Press®
E-SSA	English-speaking sub-Saharan Africa	TA	Technical Assistance
FMOH	Federal Ministry of Health	TCI	The Challenge Initiative
FP	Family planning	TSU	Technical Support Unit
FP CAPE	Family Planning Country Action Process Evaluation	TOC	Theory of change
GoN	Government of Nigeria	UNC-CH	University of North Carolina at Chapel Hill
HCD	Human-centered design	UNFPA	United Nations Population Fund
HSI	Home and self-injection	USAID	United States Agency for International Development
HSV	High-volume sites	VRBFP	Voluntary Rights-Based Family Planning
IRB	Institutional Review Board	WHO	World Health Organization
IUD	Intrauterine device		
LGA	Local government area		