FP CAPE

Family Planning Country Action Process Evaluation

Insights Deck – Nigeria

December 2017

UNC CAROLINA POPULATION CENTER

www.fpcape.org

Table of contents

This presentation has a threefold purpose

01 **Present new data and trends** – use quantitative and qualitative data to track progress across the investment portfolio (as of Dec. 2017)

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

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

Executive summary

Nigeria findings, insights & information gaps

Summary dashboard: Enabling environment

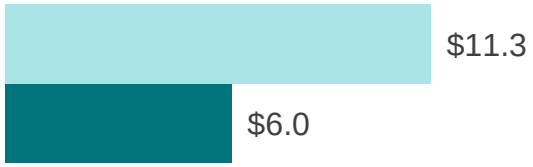
While Nigeria has a generally positive enabling environment with leadership support & progress on operationalization of the Task-Shifting & Task Sharing Policy (TSP), commitments in budget release are still slow and data use remains a challenge.

Gov't's funding commitments/allocations to FP

10

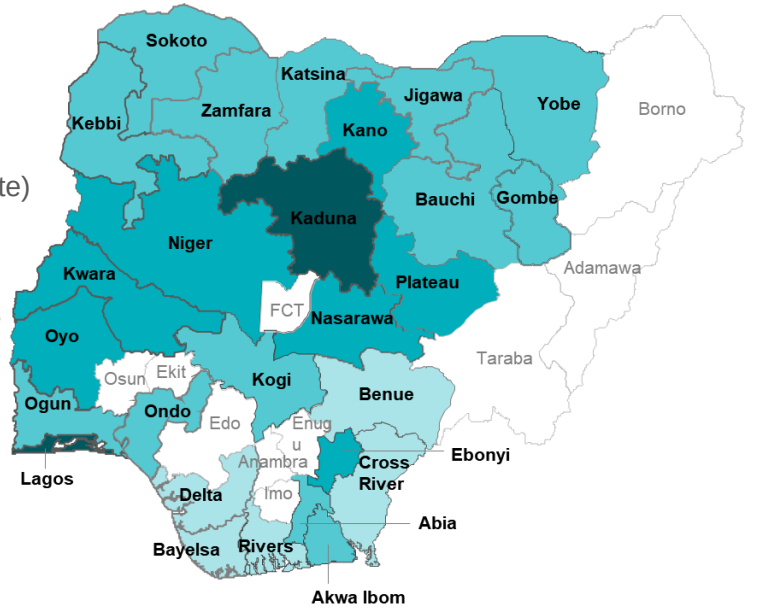
Government commitments for funds to FP made since 2012

Government commitments, in millions (USD)



CIP progress

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



Key barriers

Data use

FP stakeholders' resistance to FP data due to limited capacity, distrust of data & unfriendly data presentation

Context

- Delays between gov't commitments on financial contributions to FP and their actualization
- Delays between policy issuance and their actual implementation (i.e., operationalization of TSP in states)

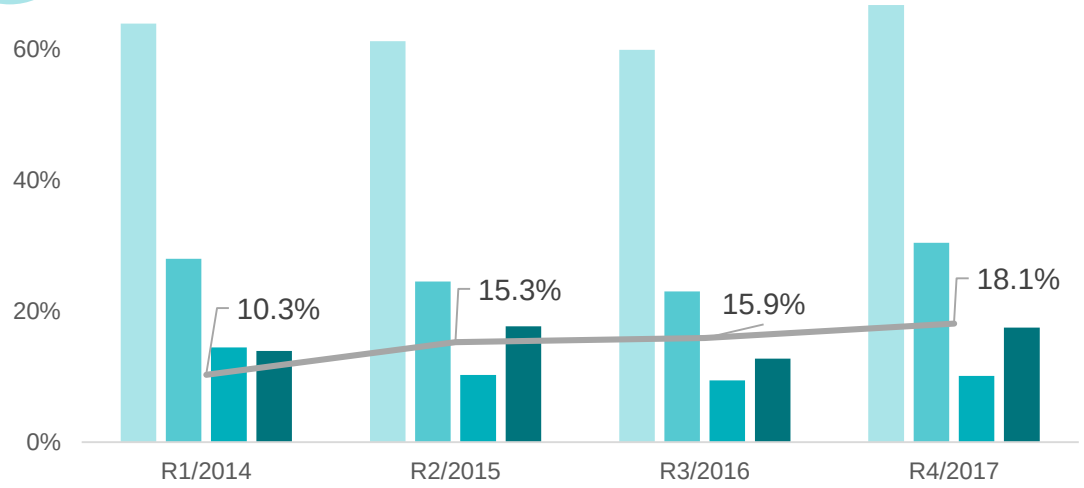
6 New states undergoing TSP "domestication" process since June 2017

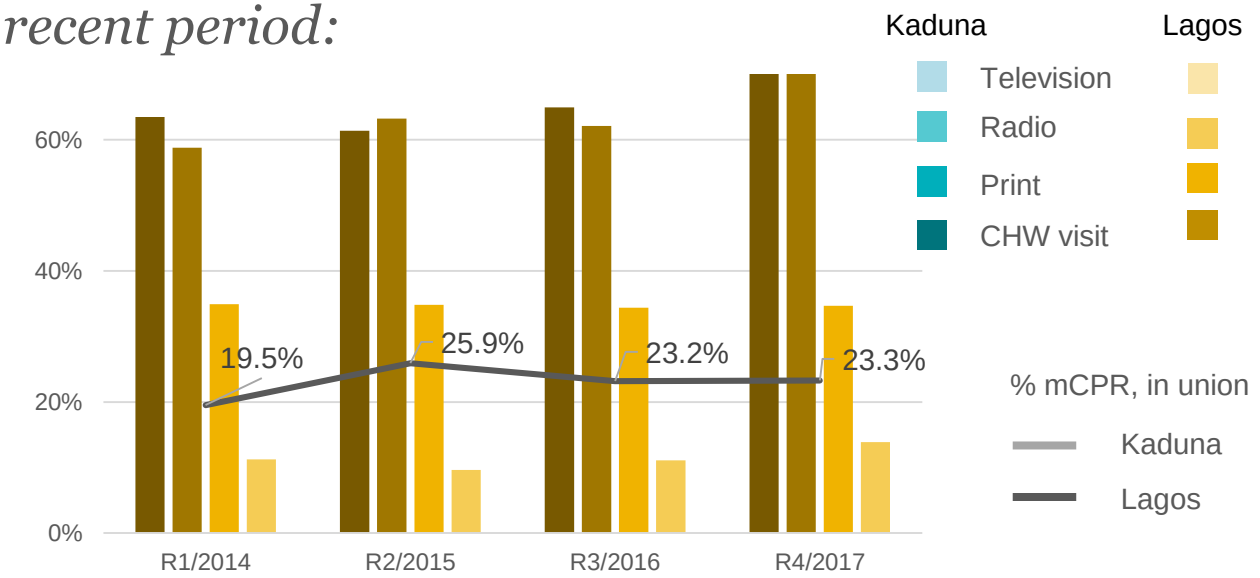
Source: PO interviews, SSM, document review

Summary dashboard: Demand generation

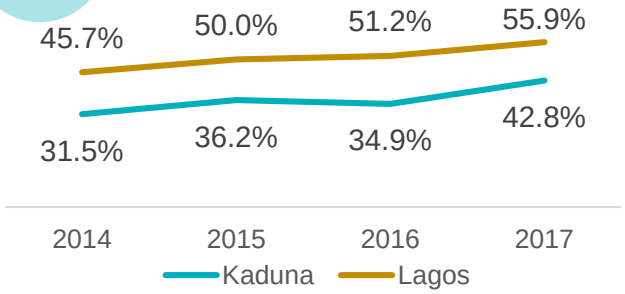
Modern contraceptive prevalence rate and intention to use FP continue to rise in Kaduna. In Lagos, program exposure and intention to use FP are rising while mCPR remains flat.

Media exposure to FP is increasing in the most recent period:

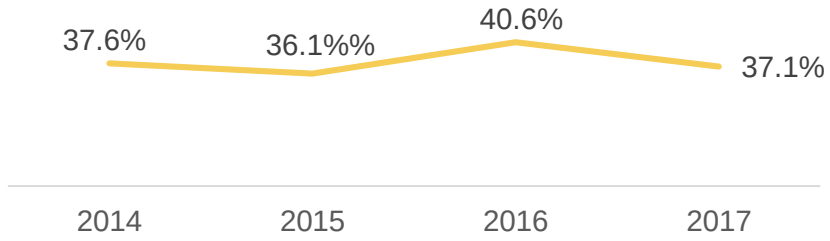




Intention to use FP



Condom use remains high in Lagos



Key barriers

Delays in implementation & difficulty recruiting FP content developers

Sociocultural barriers & geographic differences

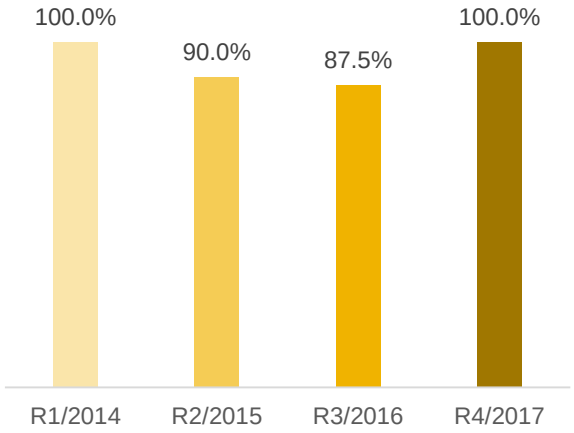
Source: PMA2020 data (R1-R4 Kaduna & Lagos), PO interviews, SSM, document review

Summary dashboard: Service delivery

The most widely used types of facilities increasingly offer an appropriate range of methods. Use of Sayana® Press is still low.

Lagos: Access to FP is high and increasing

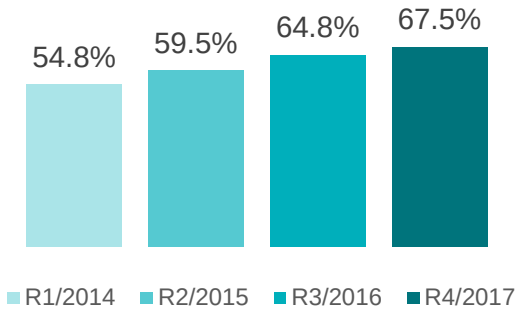
Pharmacies/drug shops offering modern methods, Lagos

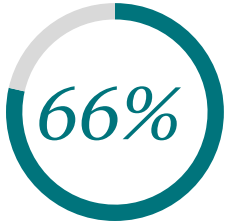


of women get their methods from PPMV/pharmacies

Kaduna: Access is increasing, could still be improved

Public facilities offering 5+ methods, Kaduna





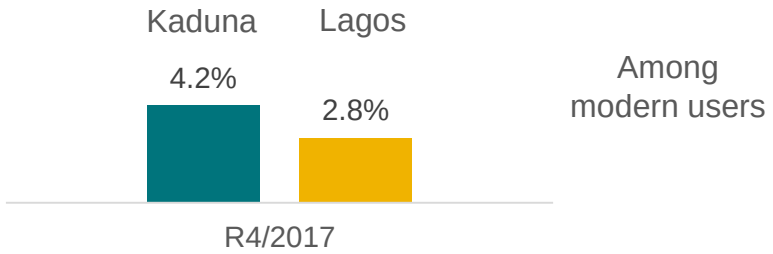
of women get their method from public facilities

Key barriers

Doctors & consumers' inflexible acceptance of new FP products

Low participation of well-trained providers/ CHEWs due to their limited availability, high turnover.

Area of improvement: Sayana® Press % use

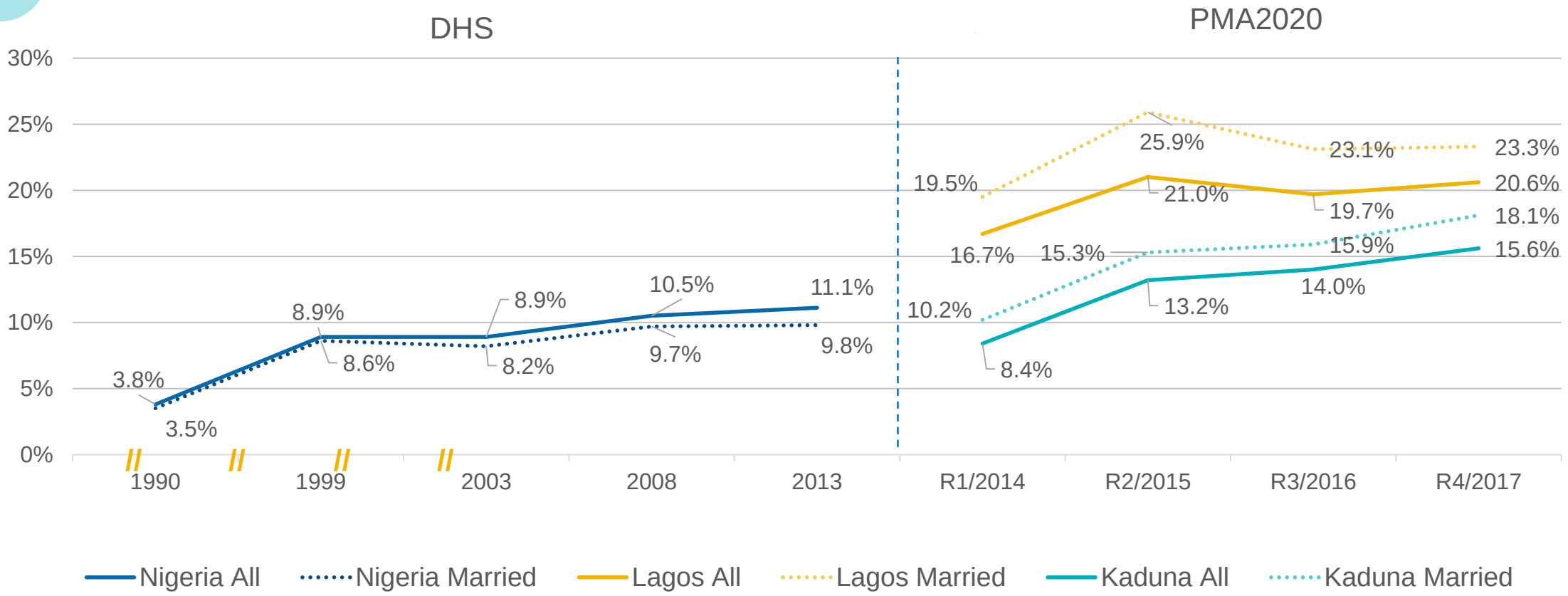


Source: PMA2020 data (R1-R4 Kaduna & Lagos), PO interviews, SSM, document review

Summary dashboard: Coordination, scale-up & impact

Lagos mCPR trending slightly down for all women and married women since 2015. Kaduna mCPR trending up over time.

mCPR longer-term trends



Source: PMA2020 data (R1-R4 Kaduna & Lagos); DHS 1990, 1999, 2003, 2008, 2013

Overall portfolio progress

Positive
Mixed
Declining

TOC segment	*Geography*	*Status*	*Details*
Enabling environment	National		► Overall positive government leadership and commitments ► Mixed/slow results on government funding release, persistent barriers to data use
Demand generation	Kaduna		► Maintained levels of program exposure and increase in mCPR ► Intention to use among all women and youth increasing
	Lagos		► Women's exposure to FP messages increasing, but mCPR remains flat (method mix still skewed to short-acting) ► Intention to use among all women and youth increasing
Service delivery	Kaduna		► Improvements in access & quality, but still more to do ► Low level of Sayana® Press use compared to other methods
	Lagos		► Access to FP fairly high with reduced stock-outs ► Quality still mixed with room for improvements ► Low level of Sayana® Press use compared to other methods

Going forward: Opportunities & questions

Opportunities

1. Ramp up effective **demand generation** activities, particularly in Lagos where mCPR is somewhat flat.
3. Focus **expansion of access** to FP in **Kaduna**
5. Use **lessons learned** from private **Sayana® Press** sector roll-out in Public sector.
7. **Empower State-level gov't** to coordinate FP activities and use data to determine priorities.

Challenging questions

2. What are the most effective **demand generation activities** for Lagos? (Non-users that intend to use? Condom users? Youth?)
4. How can **advocacy work** better **align/coordinate** with **model testing?** Should emphasis be on funds release or enabling environment (private sector, youth)?
6. With all the data available, why does **data use for decision-making still appear to be low**?

02

Portfolio theory of change (TOC) and critical assumptions

Project overview

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.

Investment Portfolio

National/state level development

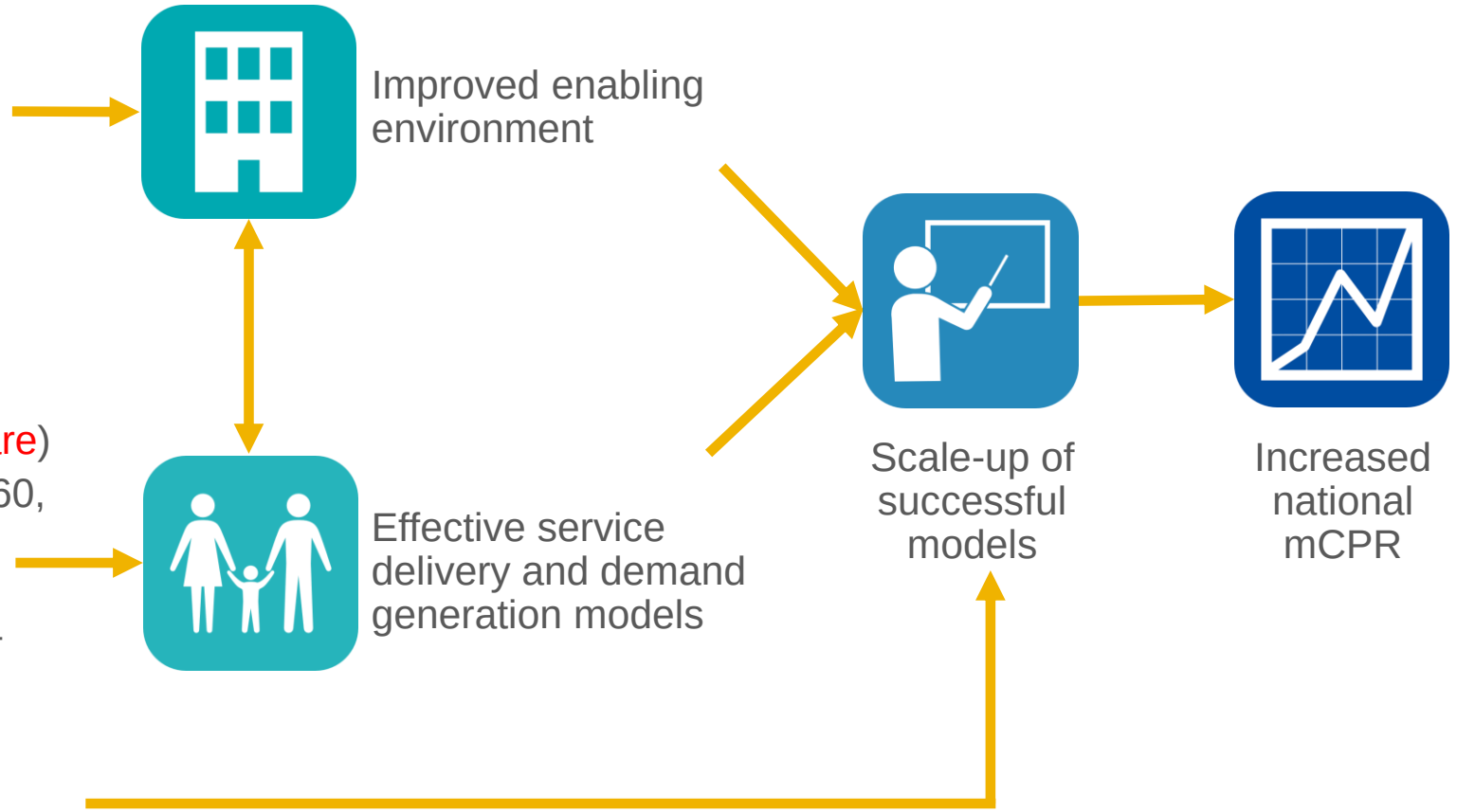
- Advocacy (AFP, dRPC, NURHI2, ASG)
- Government of Nigeria management capacity (TSU, VRBFP, Track20)
- Data generation and use (PMA2020, Track20, CHAI, FPwatch)

Model testing and learning

- Demand generation models (NURHI2, A360, MTV Shuga, DKT-Customer Care)
- Service delivery models (NURHI2, A360, VRBFP, PPFP, DKT, Unilever UK, IntegratE/SFH)
- New methods through private sector – Sayana® Press, Implanon NXT (DKT, CHAI)

Replication & Scale-up

- Scale up of NURHI2 program models (TCI, NURHI2, ASG)
- Scale up of Sayana® Press nationally (DKT, TSU)



New additions or expanded scope.
Proposed for removal

Theory of change: Critical assumptions

Improved enabling environment

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

Effective service delivery and demand generation models

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 & Task-Sharing Policy increases access to FP

Scale-up of successful models

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

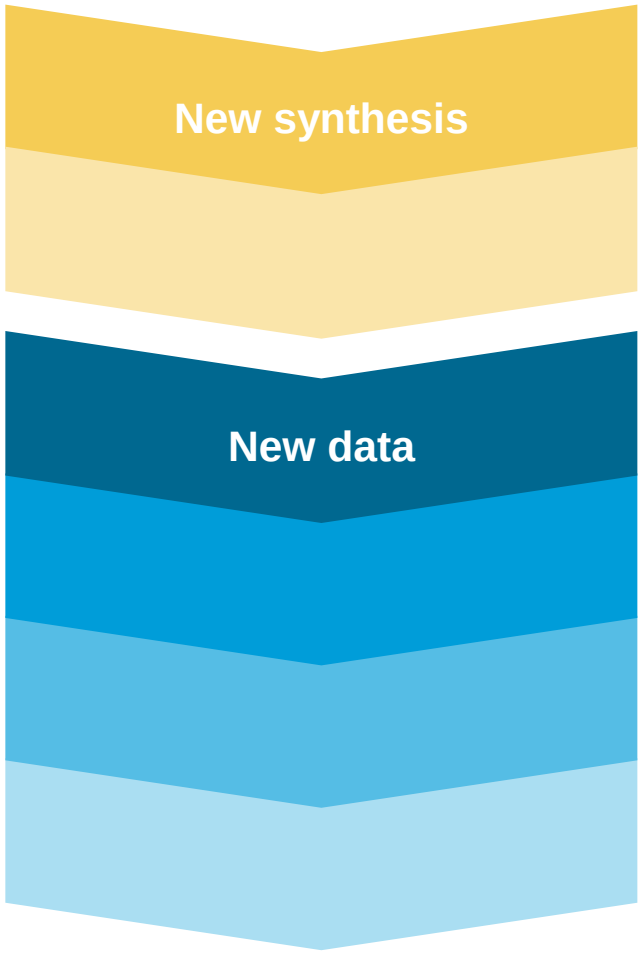
Increased national mCPR

Nigeria: Findings

Targeted evaluation findings and new results

FP CAPE targeted additional analyses & new data

Since the June 2017 Insights deck, we have completed additional analyses based on portfolio gaps and needs and included new data sources, where available.



- Updated systematic document review, including grantee reports, findings, and monitoring data
- New analyses using PMA2020 Round 4 Kaduna/Lagos data
- New analyses of grantee System Support Mapping data
- New interview data with BMGF Program Officers
- New System Support Mapping (SSM) data collected with BMGF grantees
- New FP2020 country commitments
- New measures from the Youth Family Planning Policy Scorecard, April 2017

Enabling environment

Nigeria findings

Enabling environment

Critical assumptions	Expected changes	Sentinel indicators
Advocacy efforts will contribute to increases in domestic funding & raise the visibility of FP nationally and at the state level	FP visibility increases	FP2020 Government commitments # of reproductive health technical working group meetings held **(No new data)** # of organizations/partners in attendance at RHTWG meetings **(No new data)**
	Increased government financial resources for FP	FP as a % of the national health budget **(No new data)** Government FP funding commitments, allocations and disbursements (USD)
Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing Policy (TSP) and other access- enabling policies	TSP is operationalized across states	# of states taking steps to operationalize policy and status
Targeted support to FMOH/SMOH will strengthen donor coordination and costed implementation plans (CIPs)	Donor coordination increases	No new data
	CIPs are strengthened	# of CIPs initiated/completed and where # of CIP strategies implemented by SMOH
Strong measurement drives performance	Data used to make decisions	No new data

New indicators/language

Nigeria FP2020 commitments

TOC critical assumption: Advocacy efforts will contribute to increases in domestic funding & raise the visibility of FP nationally and at the state level

2012: Past FP2020 commitments

- Nigeria commits to train community health workers (CHWs) and support task shifting so CHWs in rural areas can provide multiple methods
- Nigeria will allocate $8.35 million annually for the procurement of reproductive health commodities
- Nigeria will use social marketing to mitigate socio-cultural barriers to family planning use

2017: Additional FP2020 commitments

- Expand implementation of Task-Shifting Policy to include patent medicine vendors and community resource individuals to improve access to FP services in difficult to reach areas among disadvantaged populations
- Increase annual allocation for contraceptives to $4 million
- Partner with all stakeholders and gatekeepers to reduce socio-cultural barriers to use of FP services
- Remove regulatory barriers and take to scale access to new contraceptive methods such as sub-cutaneous DMPA injections
- Invest in a robust accountability system that tracks and reports domestic resource FP expenditures at national and state levels
- Ensure the provision of age-appropriate sexual & reproductive health information to youth through the Family Life Health Education Curriculum and youth-friendly services in health facilities and other outlets

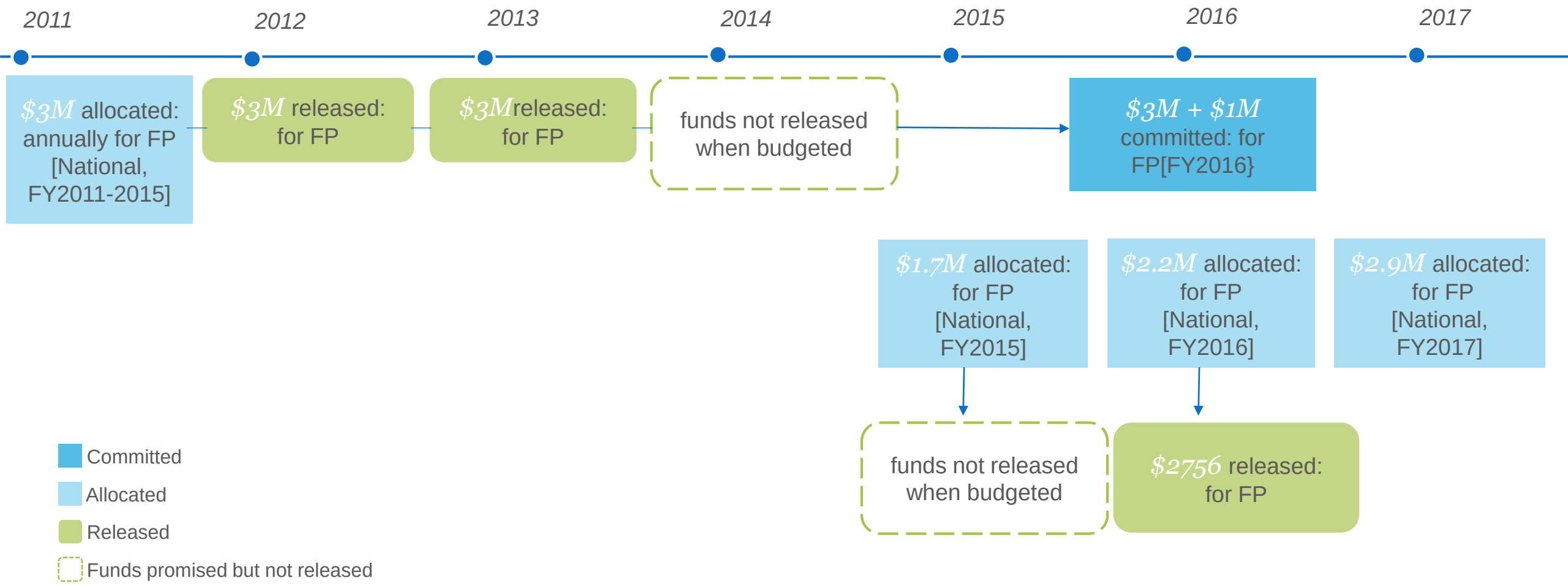
2020: Goals

27%

mCPR

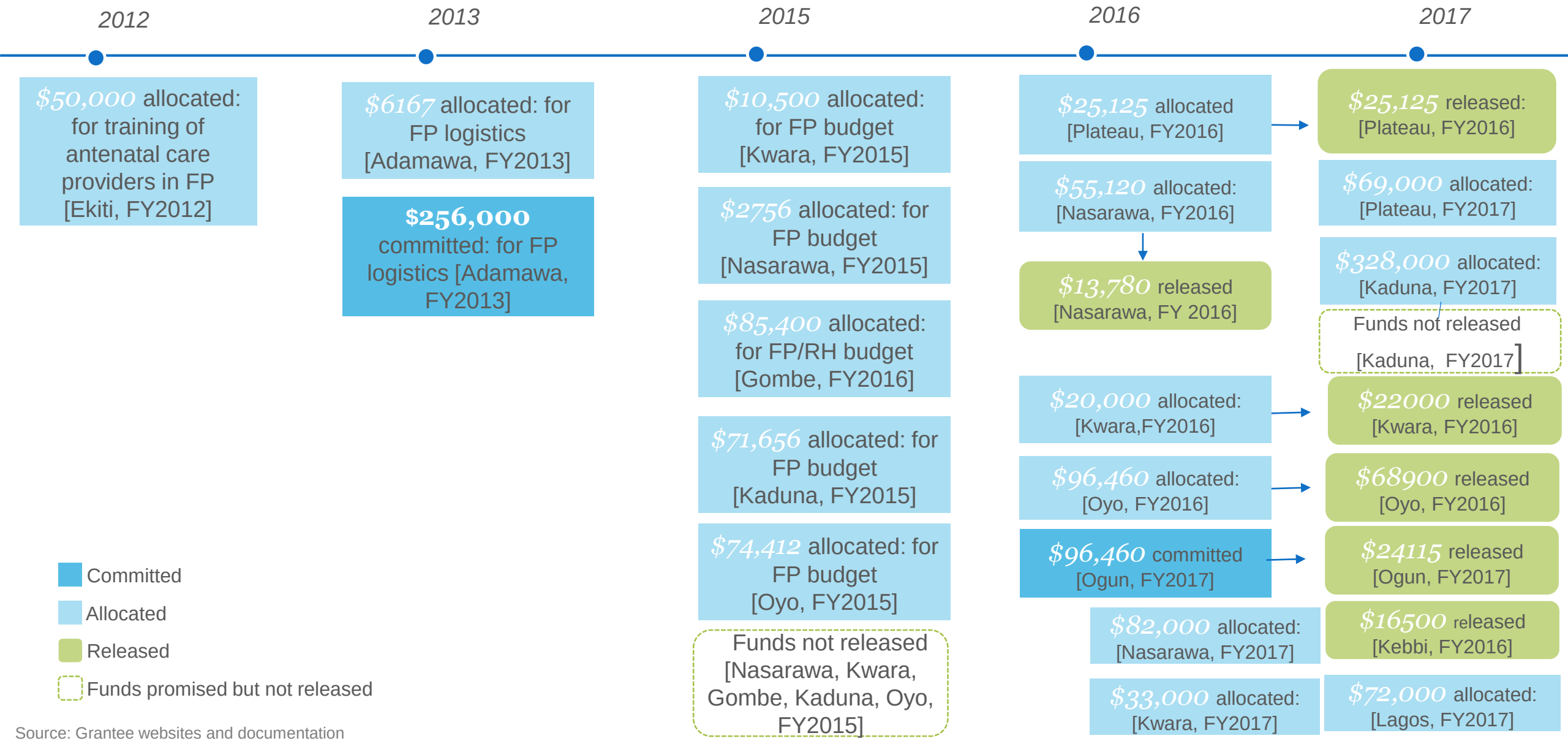
Source: FP2020 website

Nigeria government FP funding status (National)



Source: Grantee websites and documentation; *All conversions to USD if not converted in grantee documentation were converted at the 12/14/17 rate

Nigeria government FP funding status (State)

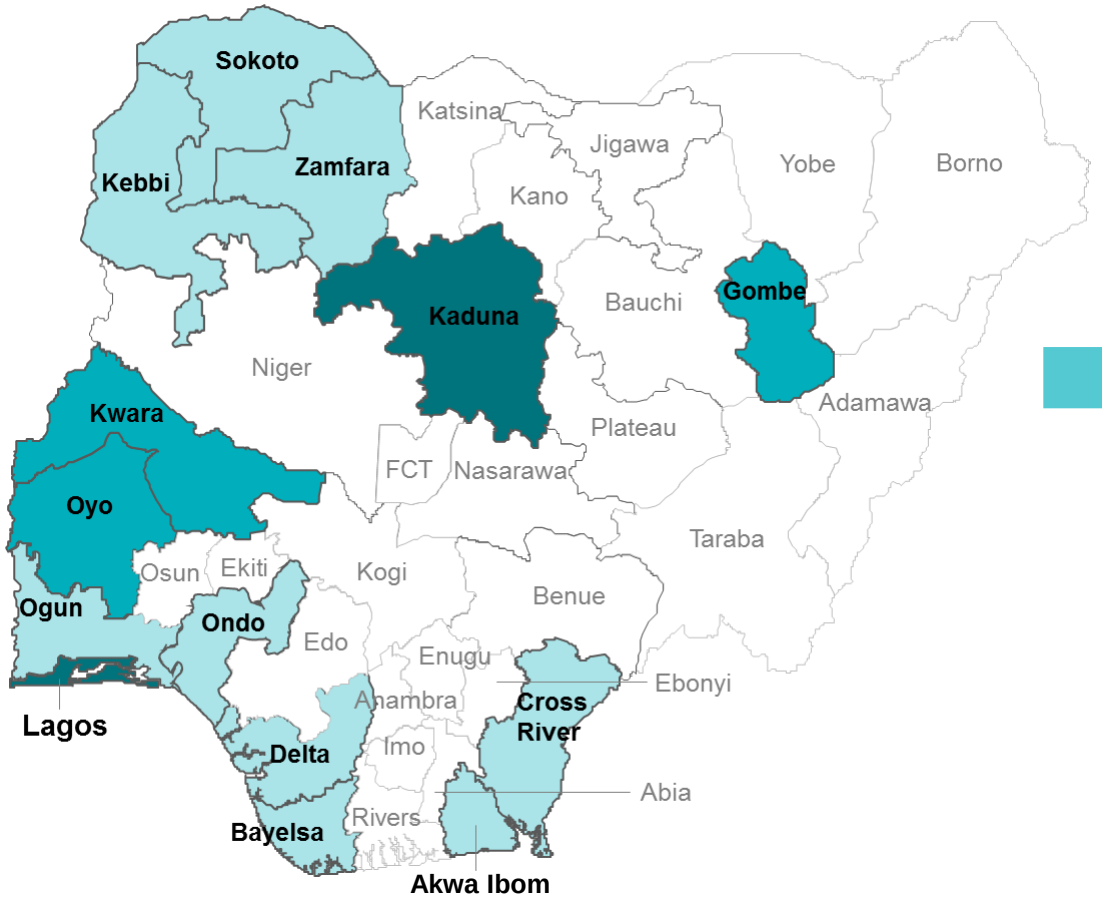


Source: Grantee websites and documentation

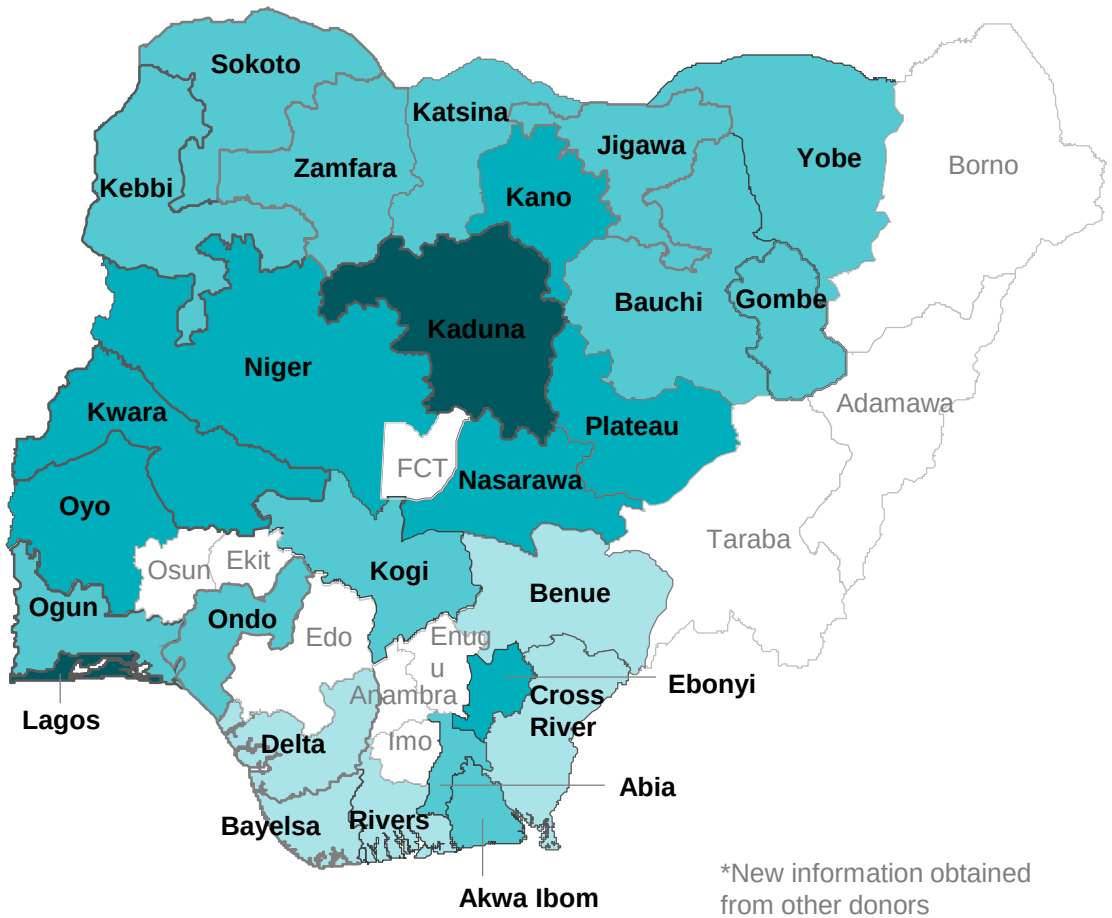
Costed implementation plan comparisons

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

CIPs as of December 2016



CIPs as of December 2017*



*New information obtained from other donors

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

Source: Grantee documentation

TSP operationalization across states

TOC critical assumption: Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy (TSP) and other access-enabling policies

of states completed the domestication & launched the TSP

3

Kaduna, Kwara, Ogun

# of new states undergoing TST "domestication" process (i.e., the state has either completed or validated the TSP draft)

+6 = 10

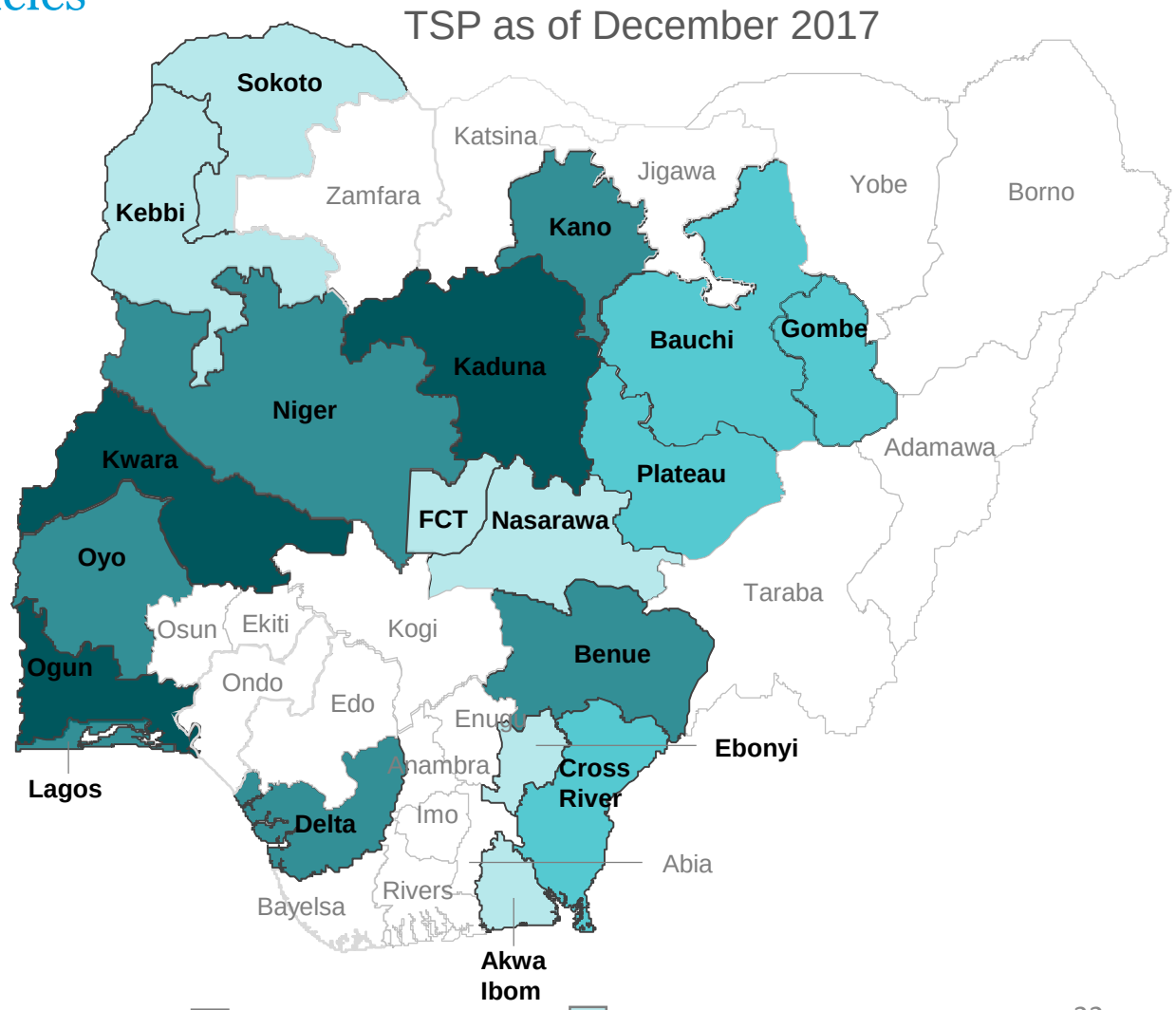
states total

# of states that have not yet domesticated TSP, but were introduced to TSP and completed training for CHEWs

6

states

Akwa Ibom, Ebonyi, FCT, Kebbi, Nasarawa, Sokoto



Source: Grantee documentation (ASG, NURHI2, AFP, TSU), grantee monthly updates

Youth policy context: Limitations on access to FP

TOC critical assumption: Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy and other access-enabling policies

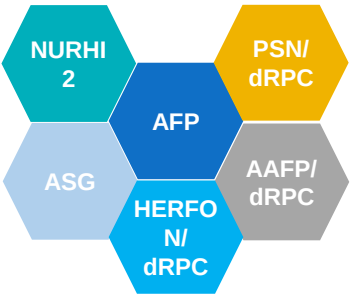
Non-existent and ambiguous policies currently restrict or limit access to FP for youth. However favorable strategies exist regarding community support for youth FP services.

consent	No law/policy exists that addresses provider discretion OR consent from a parent OR spouse for youth access to FP services.	restricts access
age	Law/policy exists that supports youth access to FP services regardless of age, but does not include provision of a full range of methods.	limits access
marital status	Law/policy exists that supports access to FP services for unmarried women, but without specifying youth.	limits access
community	Policy outlines a detailed strategy to build community support for youth FP services, including community engagement and awareness campaigns.	supports access

Source: Global Youth Family Planning Index, 2017

SSM grantee-level findings: Advocacy

Grantee



Activities

2016

Conduct advocacy activities to gov't at both federal & state levels, religious groups, & media agencies
Collaborate on advocacy through building capacity of FP advocates on AFP SMART approach

2017

Advocate to states to ensure FP is a priority in Strategic Health Development Plan II (2017-2022)
Advocate & support state domestication & operationalization of Task-Shifting & Task-Sharing Policy
Engagement with in-gov't FP champions/ budget tracking
Strengthen advocacy efforts via strategic info gathering, using PMA2020 data, strengthening local partnership

Facilitators most cited

	2016	2017
Strong relationship/engagement with diverse stakeholders/partners (gov't agencies, faith-based groups, media, donors, grantees)	■	■
In-house capacity & local staff's expertise/knowledge in advocacy, budget tracking, policy process at federal & state levels	■	■
Availability of various data sources (PMA2020, NDHS, LMIS), and nat'l/state disseminations of most up-to-date data findings	■	■
Pre-existing advocacy toolkits/frameworks, media platforms, interfaith forums, & accessibility to gov't budget info, policy docs	■	■
Availability of high-level stakeholder activities/meetings that opened opportunities for high-level FP advocacies		■
State-level policies being more specific which created more favorable conditions for strengthening advocacy efforts		■

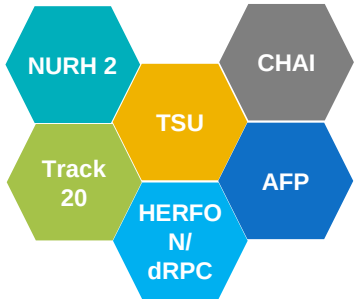
Barriers most cited

	2016	2017
Limited personnel resources in FMOH/SMOH & CSOs due to high turnover of staff, sudden changes in system operations	■	■
Shifting/conflicting/competing priorities of IPs, and unhealthy competition among stakeholders in FP space	■	■
Discrepancies in info/data shared by stakeholders, and limited access to certain data/info, particularly FP budget expenditures		■
Gov't staff's resistance to FP & FP data use due to limited capacity, distrust of data, misconception, unfriendly data presentations		■
Insufficient funds & resources supporting advocacy activities (high costs for media, CSO activities, & poor tracking system)		■
Policies/laws/strategies were written & developed, but not being implemented		■

Source: SSM, grantee interviews, document review

SSM grantee-level findings: Capacity building

Grantee



Activities

2016

Build capacity of gov't & FP partners on dashboard, FP program management, HMIS/M&E structures, FP Goals model, budget tracking, & funding gap analysis
Provide TA to state CIP development & execution
Organize RH TWG/donor meetings of sub-committee at Federal & State levels

2017

Recruited & train M&E officers (MEOs)/ FP coordinators to produce FP2020 annual estimates

Facilitators most cited

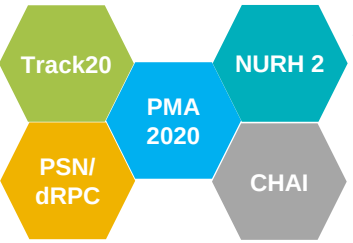
	2016	2017
Good cooperative & collaborative partnerships with government agencies, FP stakeholders, and BMGF partners		
In-house capacity & expertise of local staff in capacity building (i.e., dedicated Dashboard officers, knowledgeable consultants)		
Effective FMOH/SMOH leadership, increasing ownership/interest in FP, and positive support from other FP stakeholders		
Existence of nat'l & state FP data, policy docs, tools/ training modules, & advances in technologies supporting communications		
Data/information generation & knowledge sharing (i.e., mapping of media outlets/CSOs, PMA2020/Track20 data presentations)		
Strong engagement with media organizations (i.e., good network of media champions, involving media officer of F/SMOH)		

Barriers most cited

	2016	2017
High gov't expectation but limited availability & capacity of gov't staff, and high turnover of qualified staff within gov't agencies		
Lack of coordination & clarity of skills training for gov't staff		
Limited availability of data supporting capacity building activities (i.e., data with CIP indictors, routine state data)		
Insufficient funds & resources supporting capacity building activities, such as support Dashboard deployment, activity logistics		
Weak /non-integrated gov't system (lack of workplan/FP agenda, non-operationalized TS, overlapping policies/programs)		
Competitive nature of grantees, along with inflexibility of funded programs that limited the effectiveness of activities		

Source: SSM, grantee interviews, document review

SSM grantee-level findings: Data collection & use



Grantee

Activities

2016

Conduct & disseminate FP research (i.e., multiple-round population-level surveys, facility surveys, routine monitoring, secondary analysis evaluation)

2017

National FP dashboard management transition to government
Capacity building to improve gov't HMIS/M&E structure for improved data quality
Facilitate & support Nat'l FP Research, Data, M&E sub-committee meetings

Facilitators most cited

	2016	2017
Flexibility and strong technical skills of in-house staff to support IRB compliance, M&E, data collection & analysis	■	■
Availability of financial & other resources supporting the data collection & use (i.e., tools/materials, standard M&E forms, NDHS)	■	■
Strong partnership with diverse local partners, IRB at all levels, and security agencies	■	■
Unique value of FP data (i.e., increasing demand for monitoring data by state-level partners & providers)	■	■
Gov't increasing ownership in data use/management that led to positive support from gov't leaders & various stakeholders		■

Barriers most cited

	2016	2017
Lack of technical capacity & weak infrastructure to support data collection (i.e., delayed IRB approvals, weak HMIS at state level)	■	■
Inadequate number of capable staff to collect, analyze, and disseminate data, and poor skill of providers in using mobile phones	■	■
Gov't and states' interest in data for planning & decision making still in a nascent stage		■
Limited availability of key stakeholders due to sudden schedule changes, conflicting demand for MEO attention across programs		■
Limited availability of data-related resources (i.e., inaccurate enumeration areas maps, low report rates from private facilities)		■
High inflation grossly underestimated in the budget		■

Source: SSM, grantee interviews, document review

Nat'l/ state-level development: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
Govt's increasing interest in & positive commitments to FP (i.e., London Summit 2017, gov't increasing ownership in data use)	■	■
Good collaborative partnership with gov't agencies & partners, particularly at state level (F/SMOH, Statistics Bureau, grantees)	■	■
Increasing interest in using data for decision making from program implementers (i.e., data about teen pregnancies, CIP)	■	■
Availability of various data sources that helped address FP questions for advocacy & decision making (PMA2020, DHS)	■	■
Family planning, particularly advocacy, has more investments than some other issue areas	■	
Strong technical skills of in-house staff to implement advocacy, capacity building & data collection/dissemination work		■
Existing of advocacy toolkits/framework, policy documents, media platform, interfaith forum, high-level stakeholder activities		■
Issuance of more specific state policies opened opportunities for strengthening advocacy efforts		■

Barriers most cited		
Delays between gov't commitments on financial contributions to FP and their actualization (i.e., inconsistent budget release)	■	■
Lack of transparency on FP budget allocation & release, plus weak/non-integrated gov't system (lack of workplan/FP agenda)	■	■
Insufficient funds & resources supporting advocacy, capacity building & data collection/dissemination activities	■	■
Delays between policy issuance and their actual implementation (i.e., delays in operationalization of Task Shifting in states)	■	■
One-format-fits-all data presentation instead of tailored formats which limits data dissemination to certain audiences	■	
Gov't & states' interest in using data still in a very nascent stage due to existing distrust of data, limited capacity, misconception		■
Discrepancies in info/data shared by stakeholders, and limited access to certain data/info, particularly FP budget expenditures		■
Competitive nature of grantees that led to overlapping programs & limited the effectiveness of activities		■

Source: PO interviews, SSM, document review

Summary dashboard: Enabling environment

While Nigeria has a generally positive enabling environment with leadership support & progress on operationalization of the Task-Shifting & Task Sharing Policy (TSP), commitments in budget release are still slow and data use remains a challenge.

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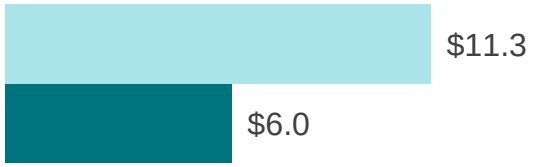

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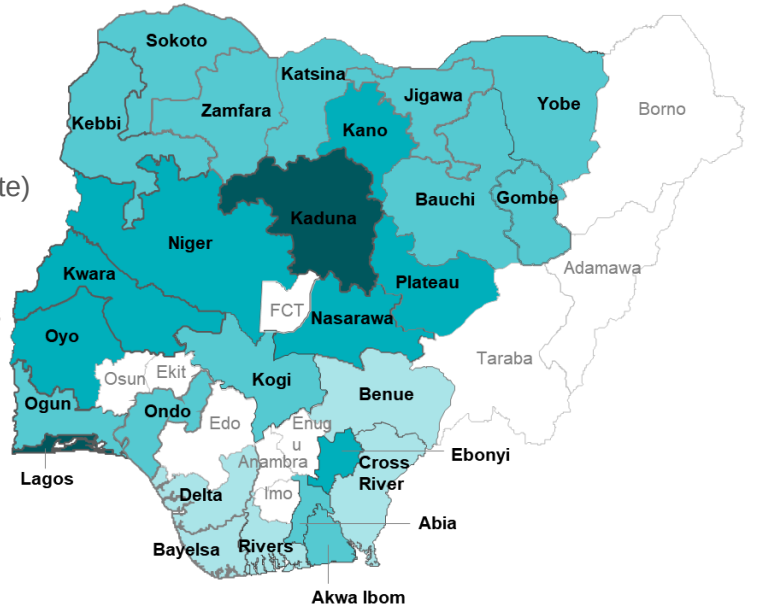
- CIPs scaled by other donors
- CIPs started



Key barriers

Data use

FP stakeholders' resistance to FP data due to limited capacity, distrust of data & unfriendly data presentation

Context

- Delays between gov't commitments on financial contributions to FP and their actualization
- Delays between policy issuance and their actual implementation (i.e., operationalization of TSP in states)

6 New states undergoing TSP "domestication" process since June 2017

Source: PO interviews, SSM, document review

Demand generation

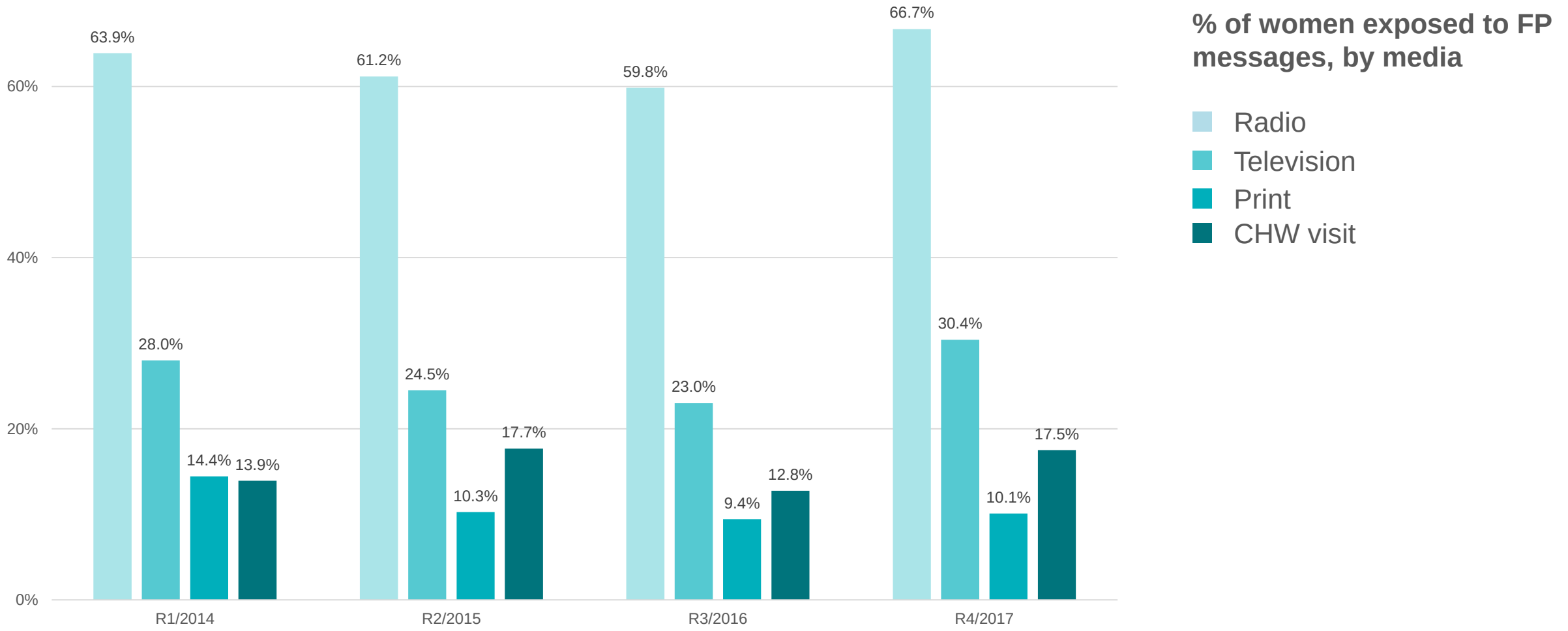
Nigeria findings

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 media and other channels
		% of women who hear a community, religious or gov't leader speak favorably about FP **(no new data)**
	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) **(no new data)**

Exposure to FP messages in Kaduna

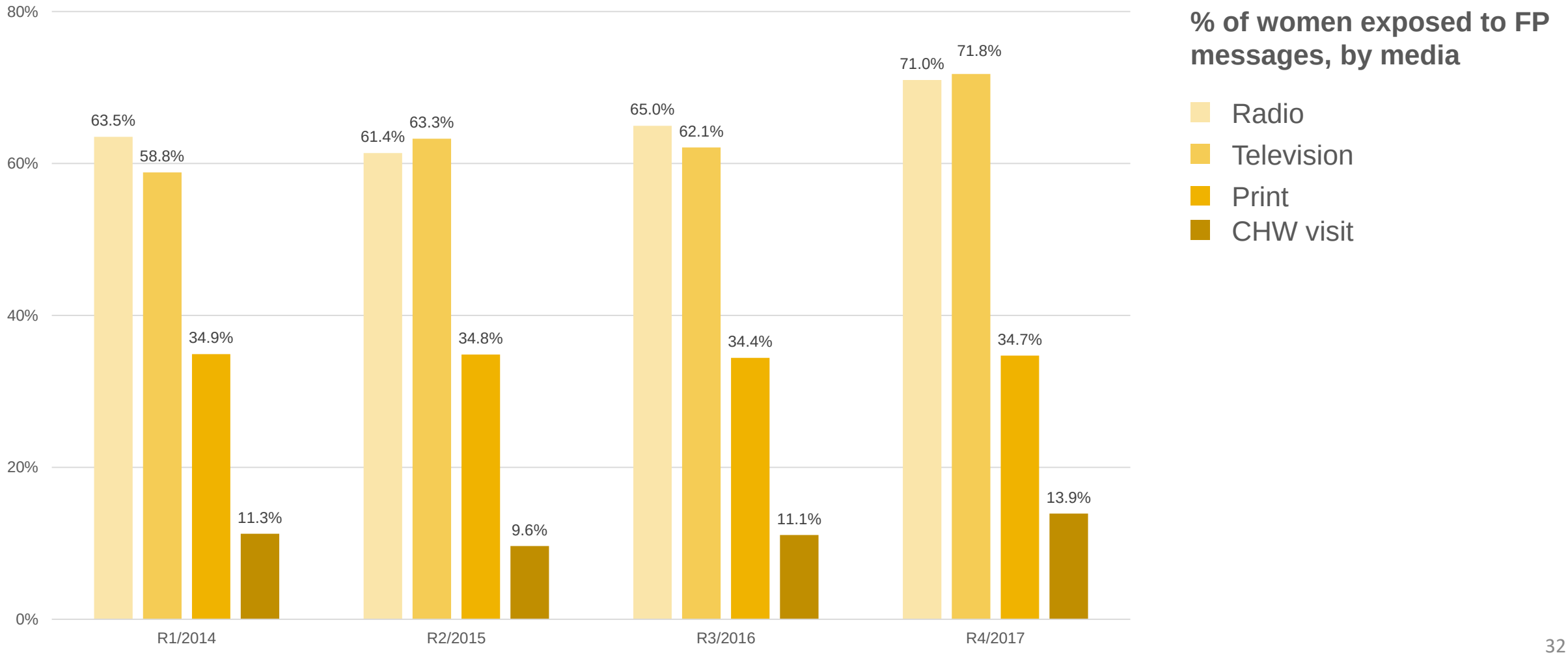
Women's exposure to FP messages has increased recently after a period of decline.



Source: PMA2020 data (R1-R4 Kaduna)

Exposure to FP messages in Lagos

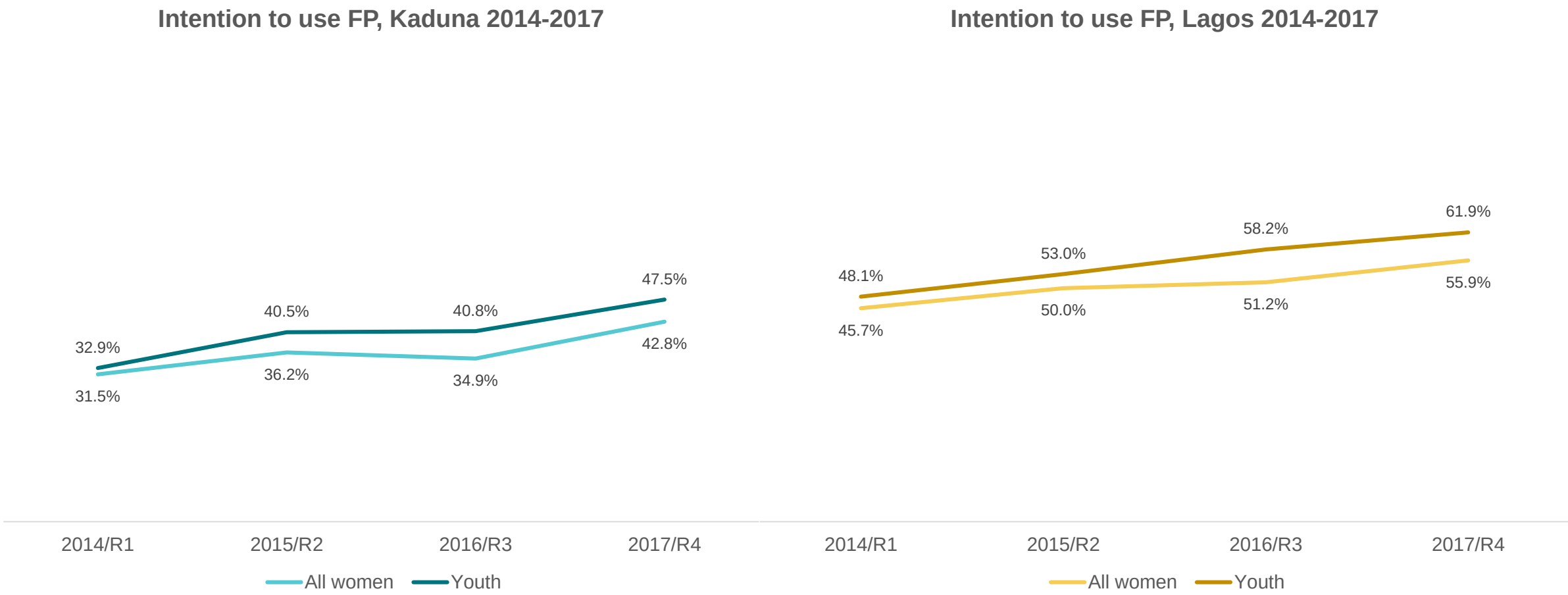
Women's exposure to FP messages has increased for radio and TV and stayed the same for the other channels.



Source: PMA2020 data (R1-R4 Lagos)

Intention to use FP over time among all women and youth, Kaduna & Lagos

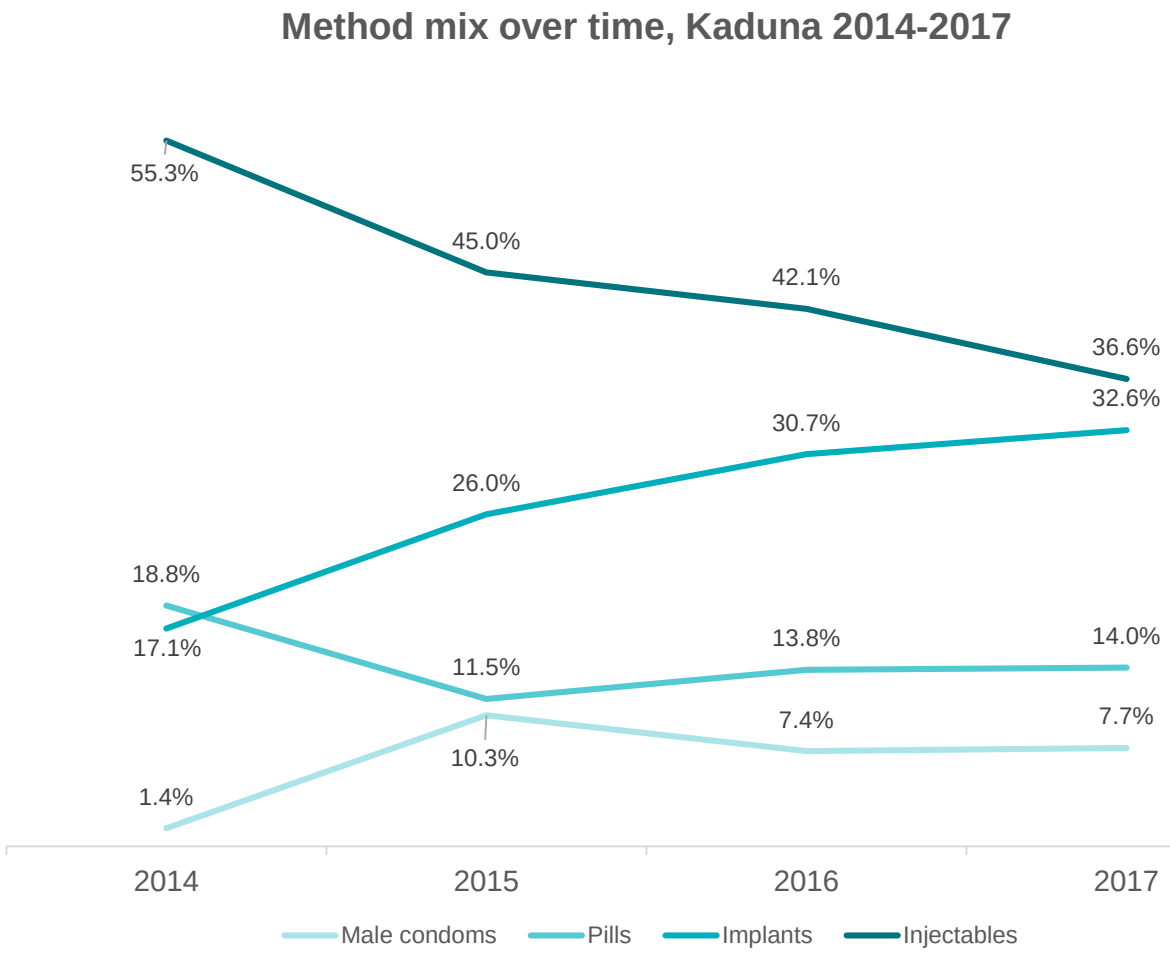
Intention to use FP among non-users is increasing slightly in Kaduna and Lagos among all women and youth.

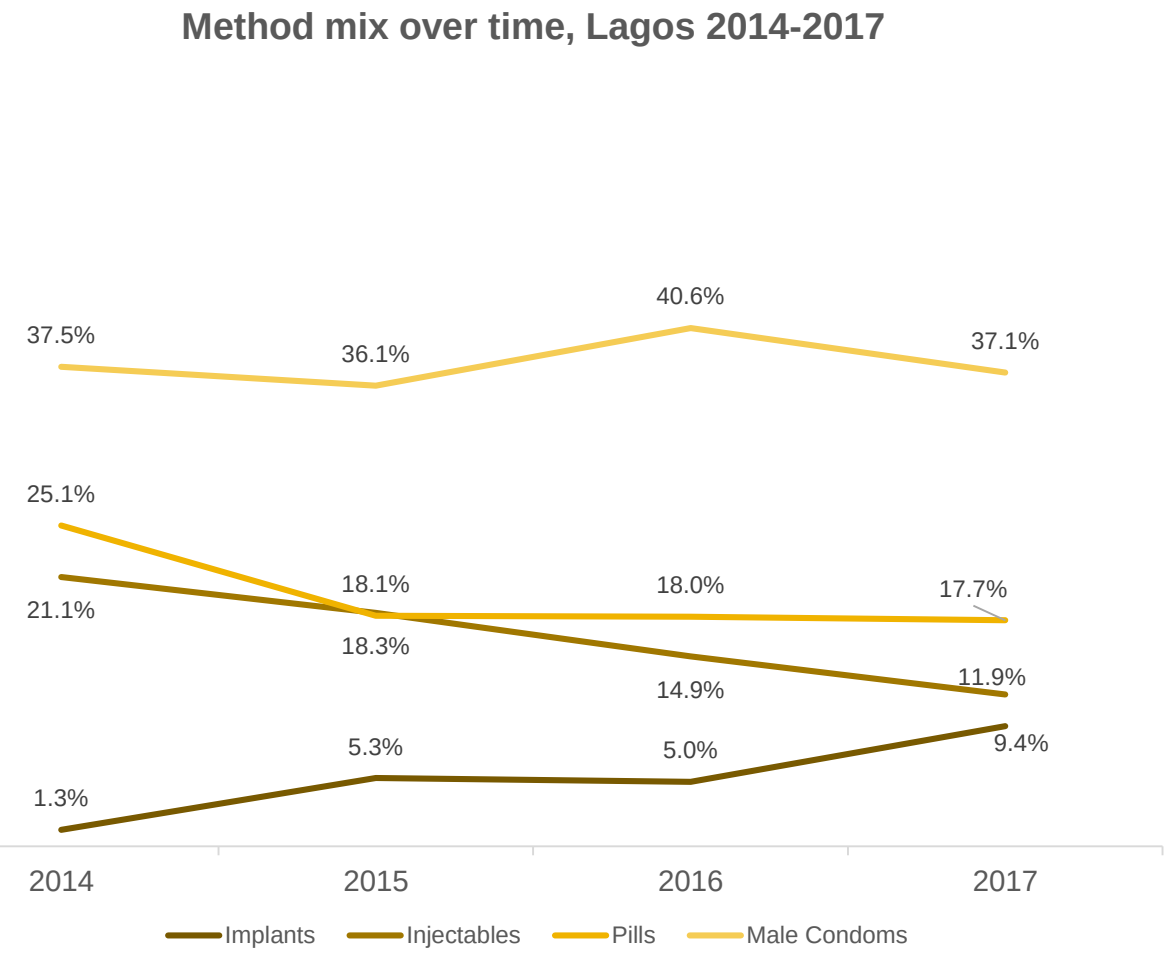


Source: PMA2020 data (R1-R4 Kaduna & Lagos)

Method mix over time, Kaduna & Lagos

Both states are seeing a decline in injectables and increase in implants, although condoms are still the most commonly used method in Lagos.





Source: PMA2020 data (R1-R4 Kaduna & Lagos)

SSM grantee-level findings: Demand generation

Grantee

NURHI 2

DKT

A360

Activities

2016

Develop communication/ advocacy strategies on FP
Conduct media advocacy & community social mobilization (SM) activities

2017

Conduct marketing and media coverage & communication of FP products in multiple states

Facilitators most cited

	2016	2017
Pre-existing training materials, and advocacy and communication toolkits (i.e., PSI advocacy toolkit, training materials for SM)		
Availability of theory and data supporting the interventions		
Positive relationships with gov't & communities that led to active participation of partners/stakeholders at federal & state levels		
In-house capability in FP demand generation work, and willingness & enthusiasm of staff		
Availability of external expertise (i.e., local communication agencies, TAs from JHU Center for Communication Programs)		
Innovative approaches to circumvent regulations (using slang to get around restrictions, involving doctors in content creation)		

Barriers most cited

	2016	2017
Changes in leadership of community associations and network organizations		
Difficult to recruit & manage staff/volunteers for social mobilizations due to their unavailability, burnout & volunteer nature of SMs		
Delays in implementation due to busy schedule, delays in survey data results, and issues with capacity of media agencies		
Restrictions surrounding marketing FP on mass media (i.e., air time, youth-related content) along with high costs of media buy		
Social-cultural barriers to FP (i.e., myths around sexuality & contraceptive, use of term "FP" for unmarried youth)		
Difficult to recruit/fund developers of FP content due to their limited FP knowledge		

Source: SSM, grantee interviews, document review

Demand generation: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
Positive relationships with government at national & state levels, local FP stakeholders, and BMGF partners	■	■
Capability of BMGF grantees' staff in FP demand generation work along with the wide reach across Nigeria of media programs	■	■
Government's commitments to FP (i.e., Nigeria's new commitments at London Summit 2017)	■	
Availability of external expertise in communication and data supporting the demand generation interventions		■
Innovative approaches to circumvent restrictions/regulations surrounding FP marketing on mass media		■

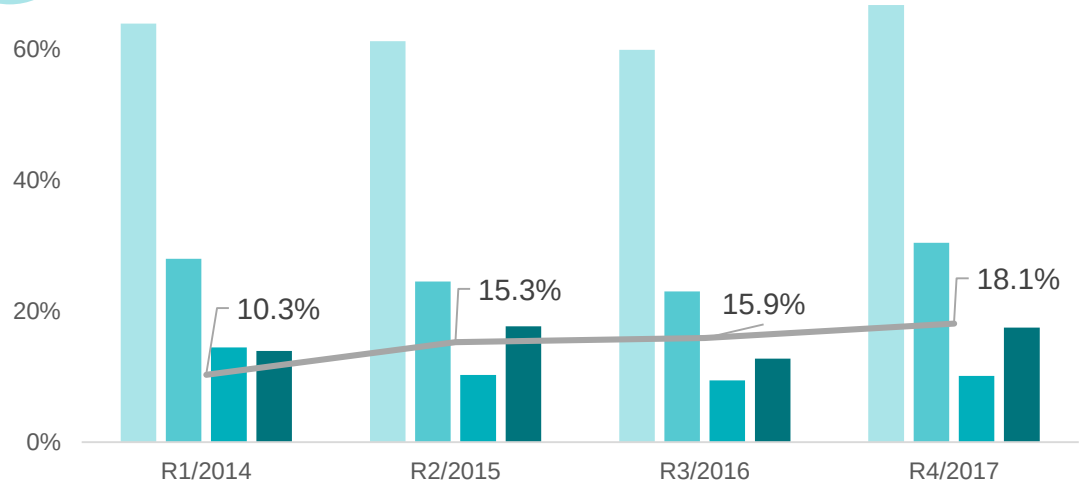
Barriers most cited		
Existing regulations/ restrictions as barriers to program implementation (i.e., marketing FP for youth, FP content creation)	■	■
Poor execution of Federal & state policy frameworks and plans		■
Delays in implementation due to leadership changes in associations, delays in data results, ineffective commodity management		■
Difficult to recruit FP content developers, social mobilizers/volunteers due to their limited FP knowledge, availability, & burnout		■
Social-cultural barriers to FP (i.e., parents' resistance to let their children to go on air, geographic differences)		■

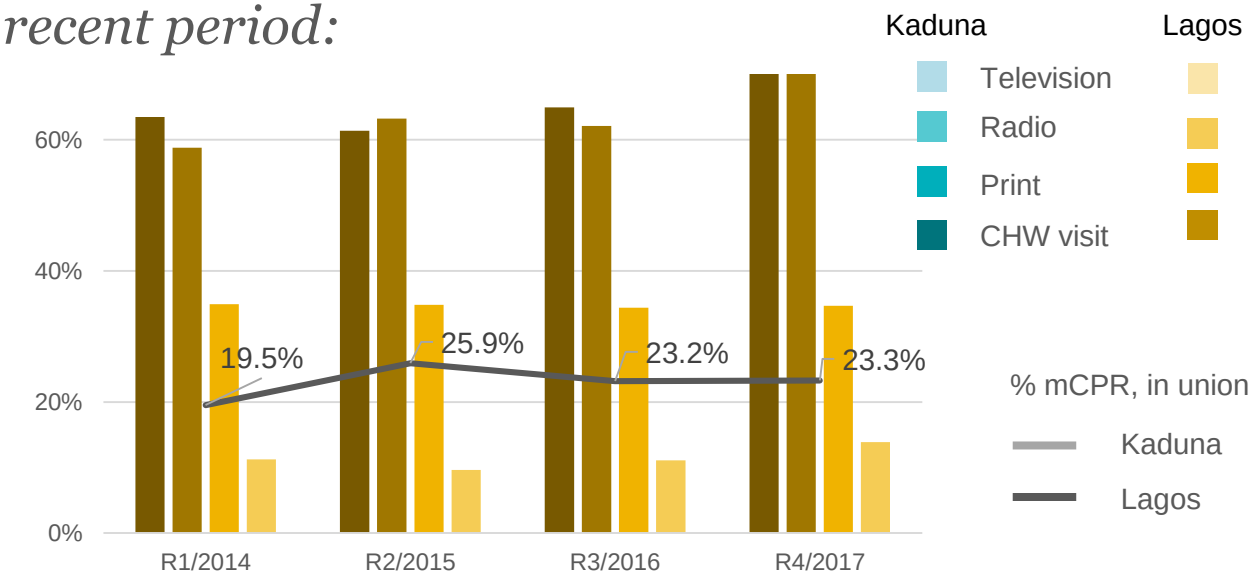
Source: PO interviews, SSM, grantee interviews, document review

Summary dashboard: Demand generation

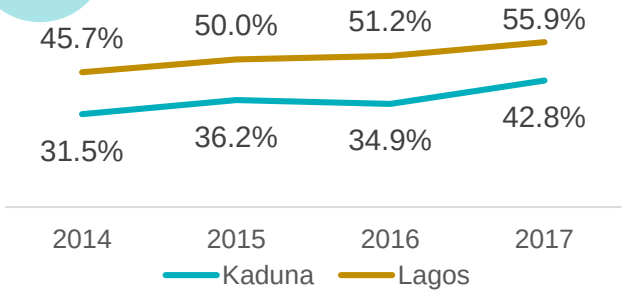
Modern contraceptive prevalence rate and intention to use FP continue to rise in Kaduna. In Lagos, program exposure and intention to use FP are rising while mCPR remains flat.

Media exposure to FP is increasing in the most recent period:

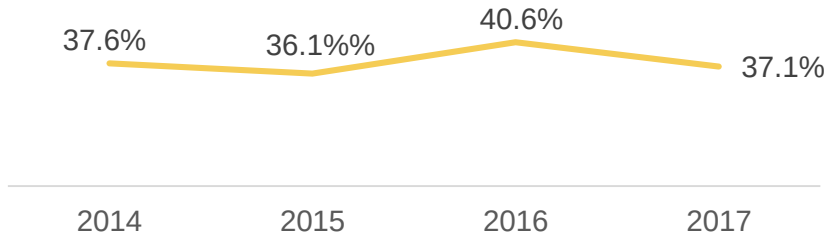




Intention to use FP



Condom use remains high in Lagos



Key barriers

Delays in implementation & difficulty recruiting FP content developers

Sociocultural barriers & geographic differences

Source: PMA2020 data (R1-R4 Kaduna & Lagos), PO interviews, SSM, document review

Service delivery

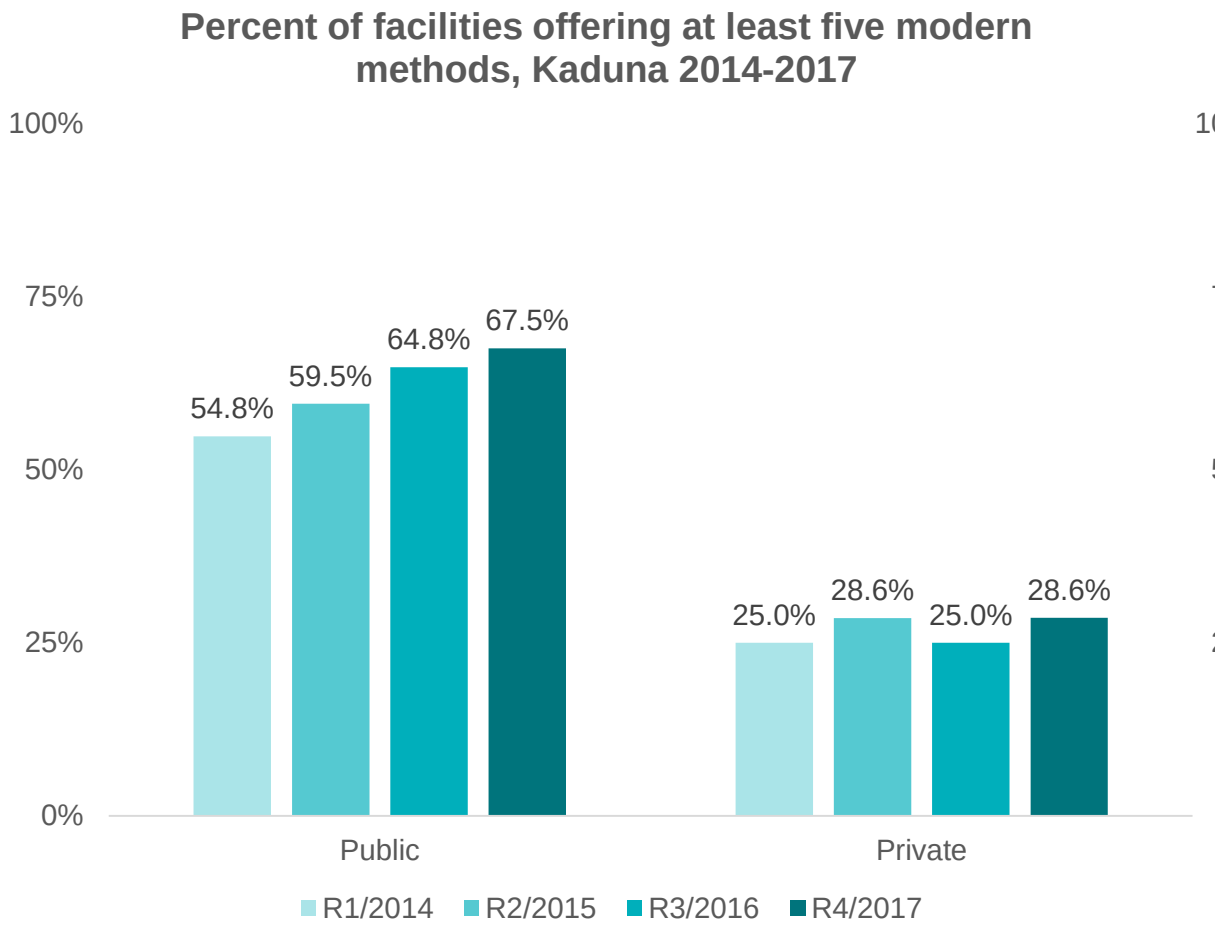
Nigeria findings

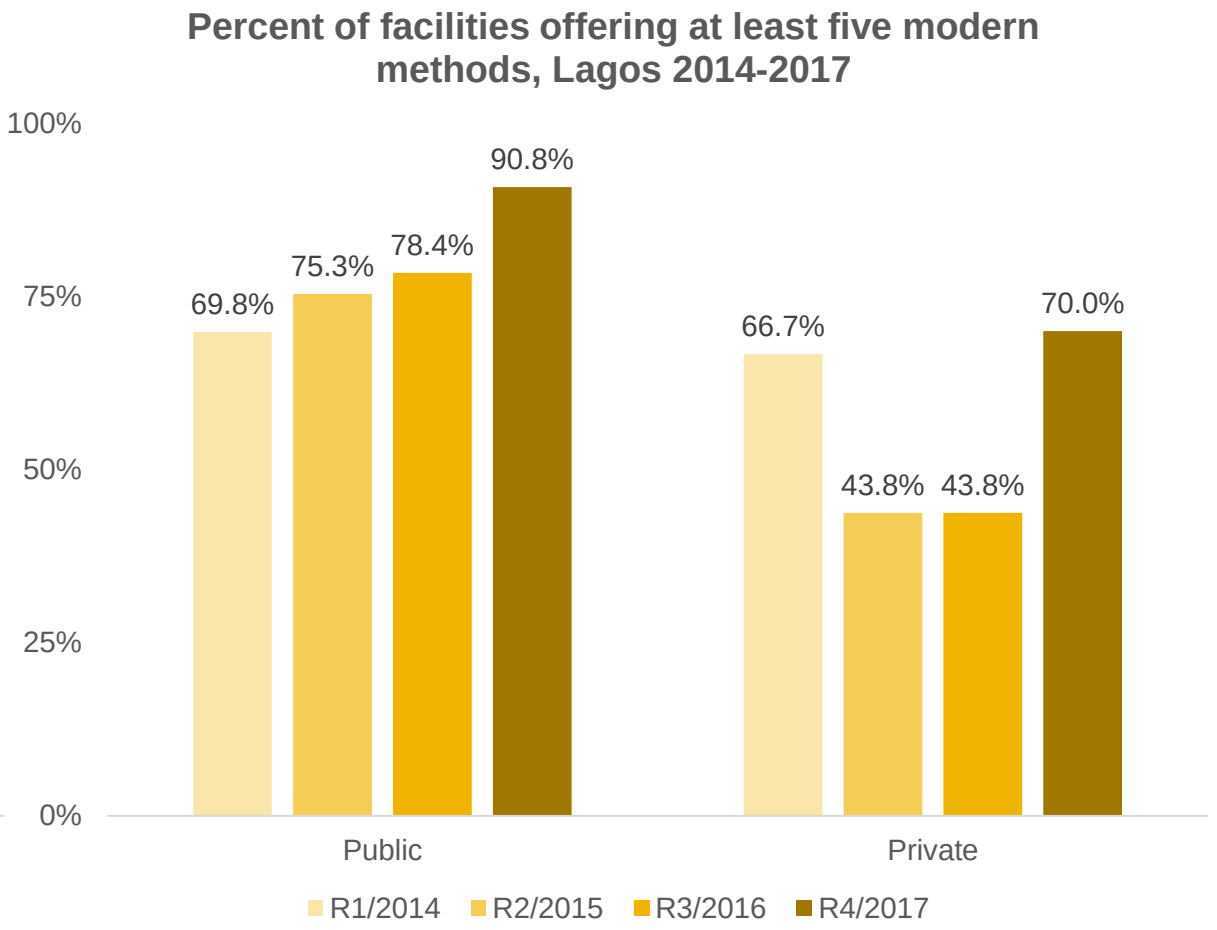
Demonstration models: Service delivery

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 women using Sayana® Press (among all women and youth ages 15-24)

Access to services at public & private facilities

Overall we see an increase in public and private facilities offering a range of methods in Kaduna and Lagos. Kaduna still has fairly low levels of access compared to Lagos.

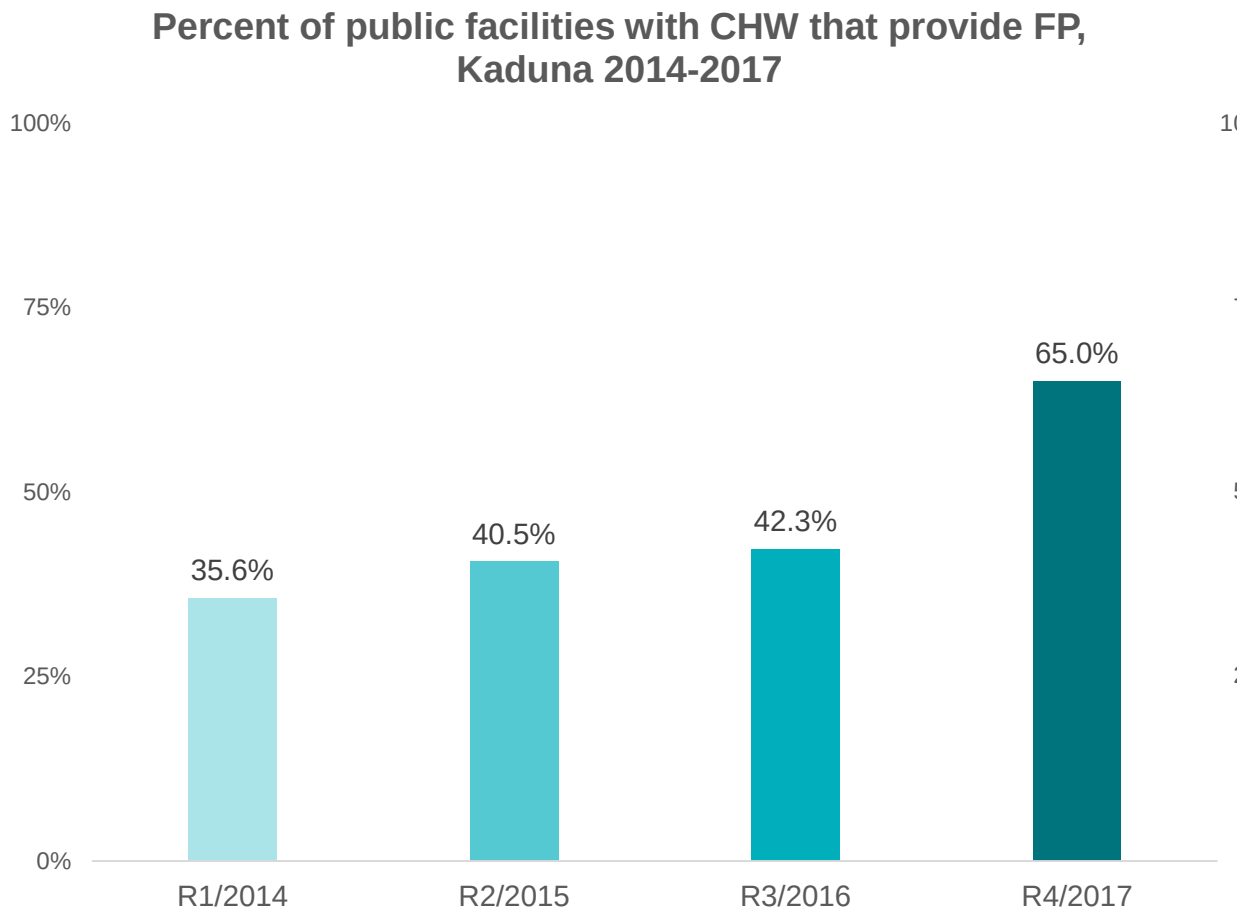


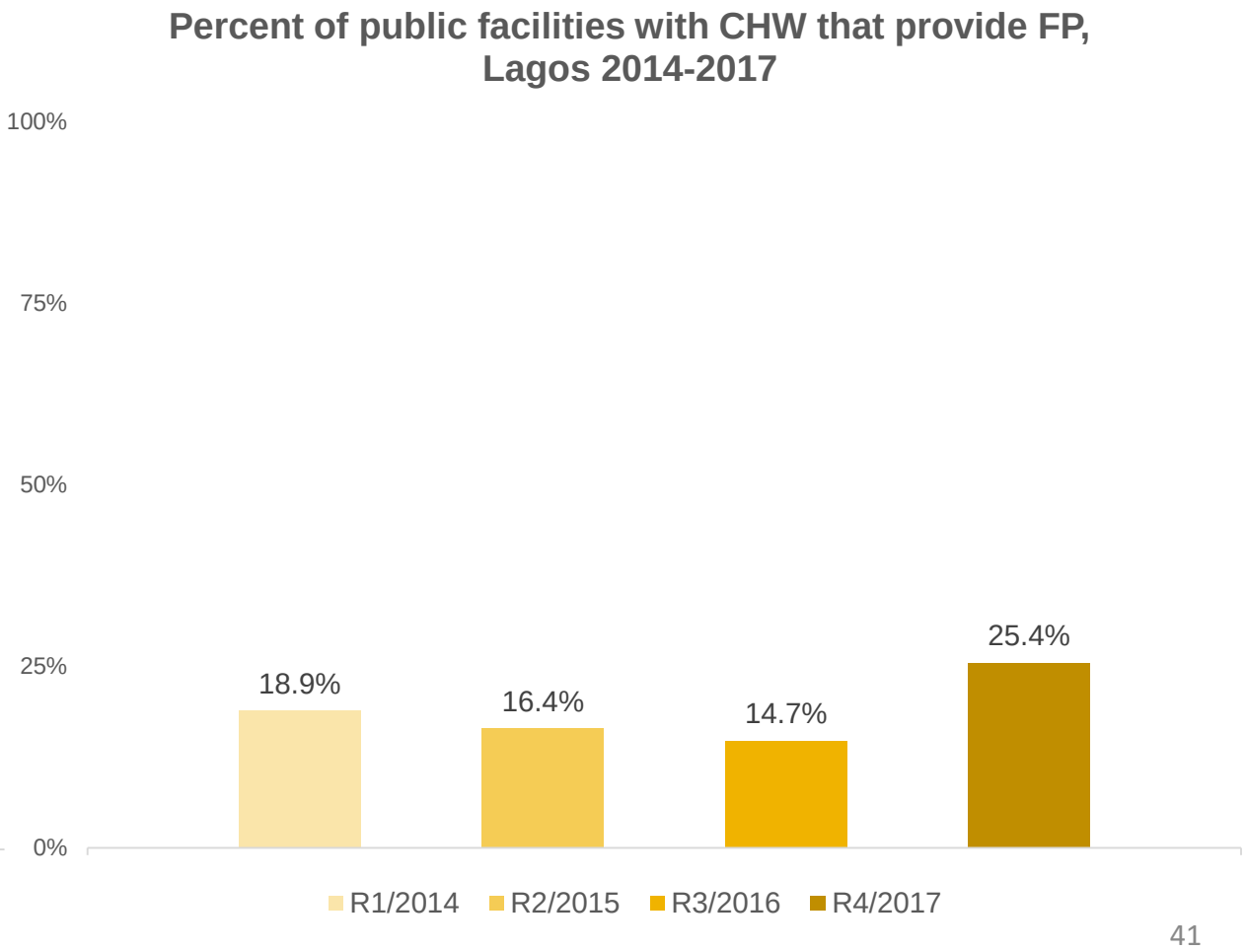


Source: PMA2020 data (R1-R4 Kaduna & Lagos)

Access to services through community health workers

In Kaduna, we see increasing and much higher proportions of public facilities providing FP through CHW. Access to FP through CHW is much lower in Lagos but increasing slightly.

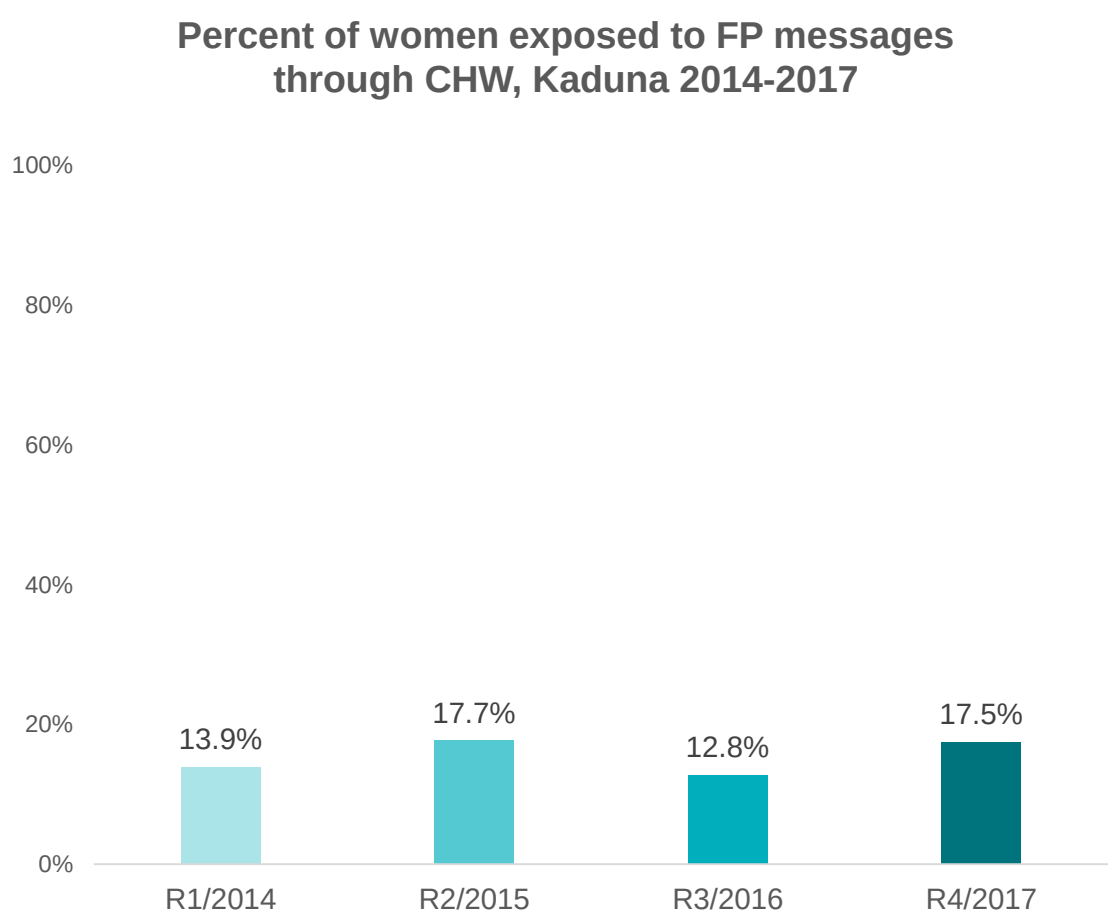


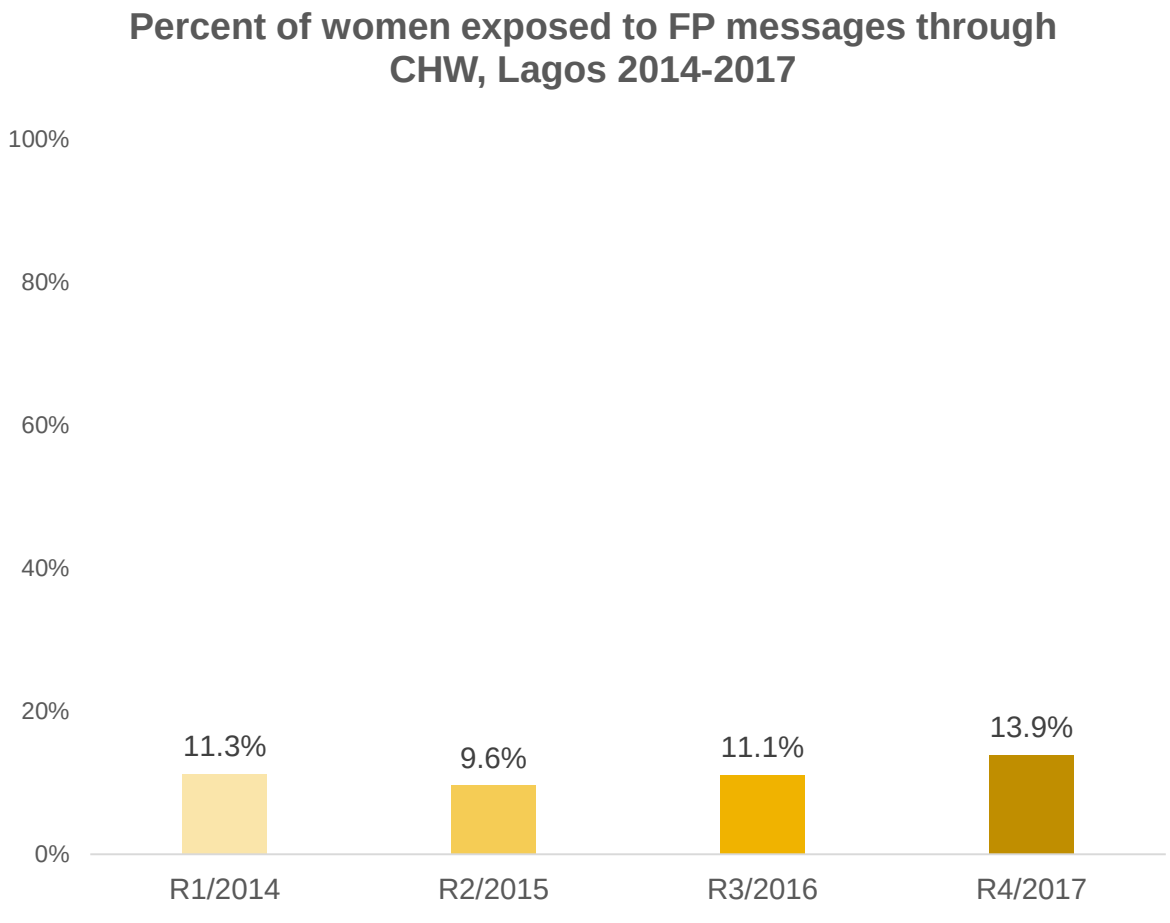


Source: PMA2020 data (R1-R4 Kaduna & Lagos)

Exposure to FP through community health workers

While access to CHW offering FP has increased in both states, women's exposure to FP through CHW remains low.

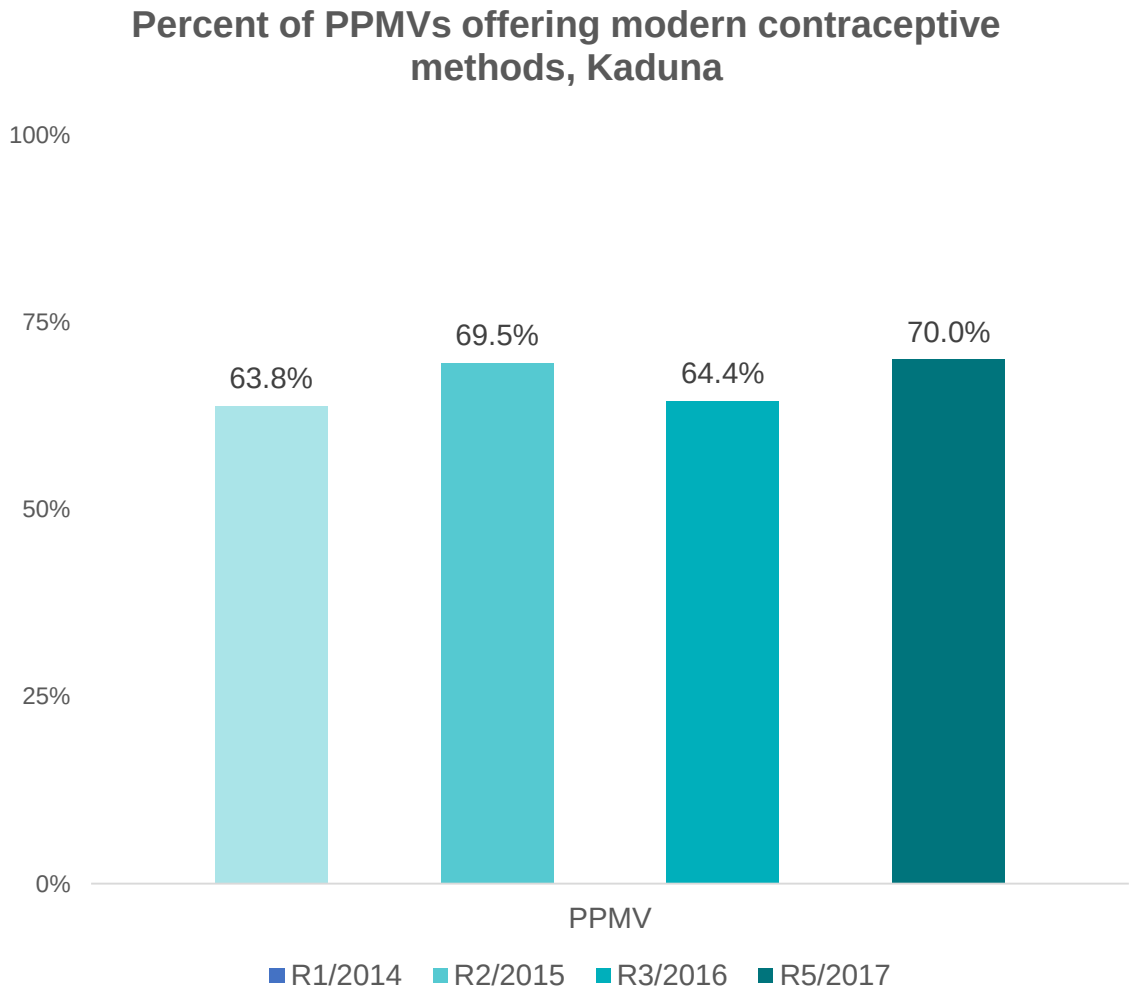


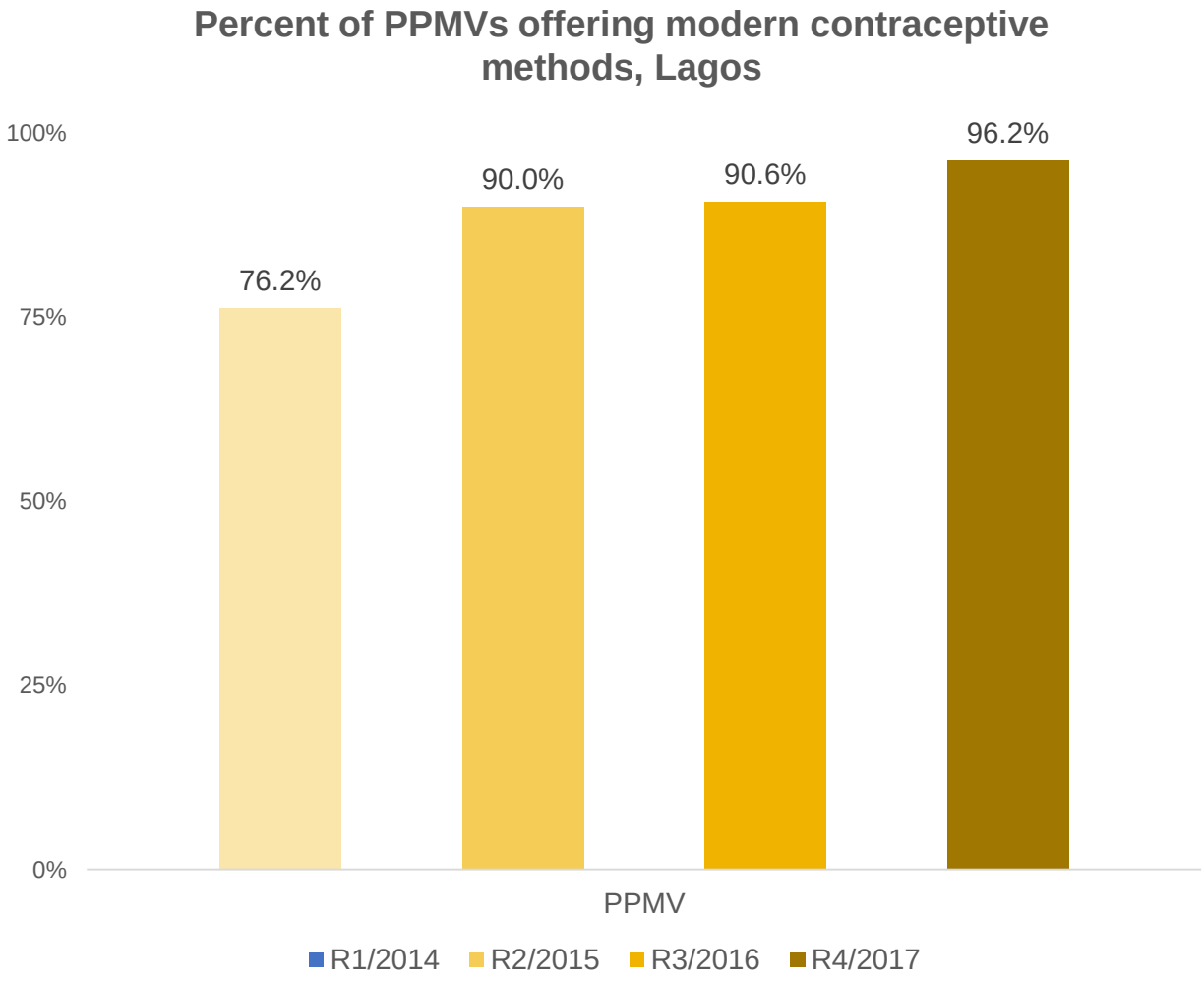


Source: PMA2020 data (R1-R4 Kaduna & Lagos)

Access to services through PPMVs/drug shops

We see generally high and increasing levels of access to modern contraceptive methods through PPMVs/drug shops in both Lagos and Kaduna.



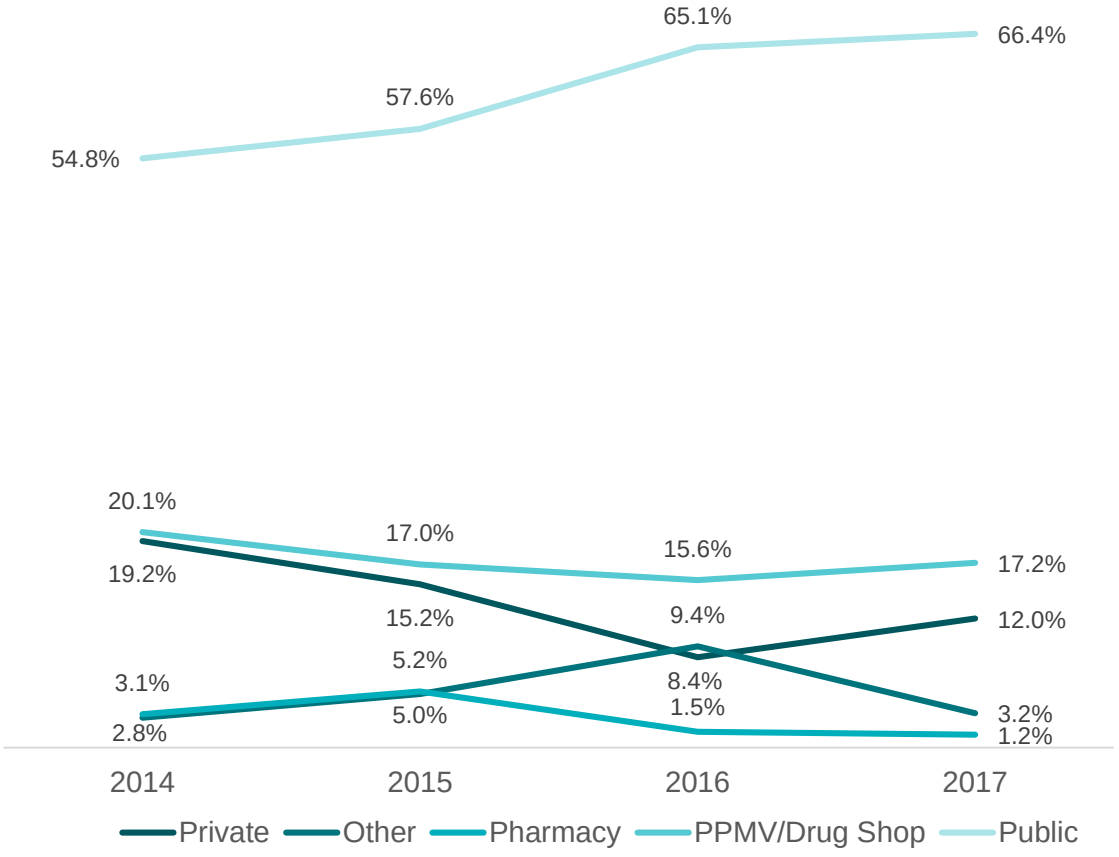


Source: PMA2020 data (R1-R4 Kaduna & Lagos)

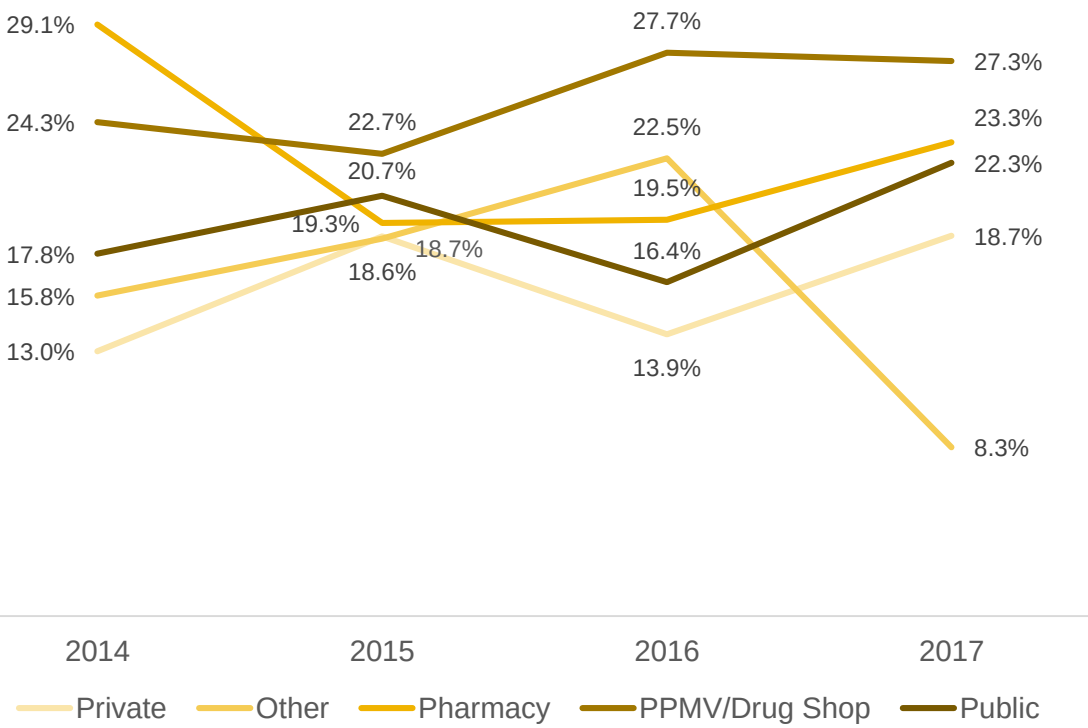
Where women get their methods…

In Kaduna, the majority of women get their methods from the public sector. In Lagos we see the most common sources are PPMVs and pharmacies, closely followed by the public sector.

Percent of women obtaining current modern method* by source Kaduna, 2014-2017



Percent of women obtaining current modern method* by source Lagos, 2014-2017

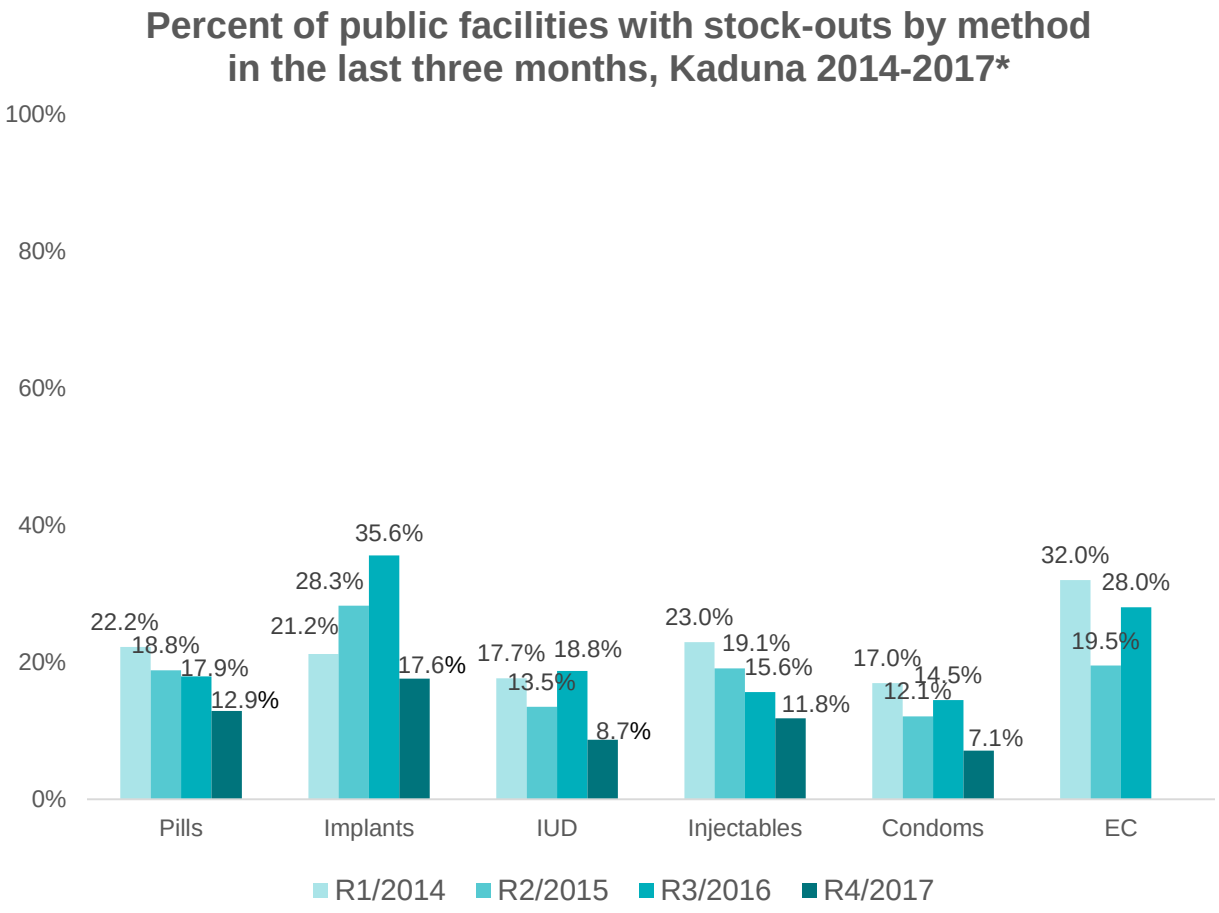


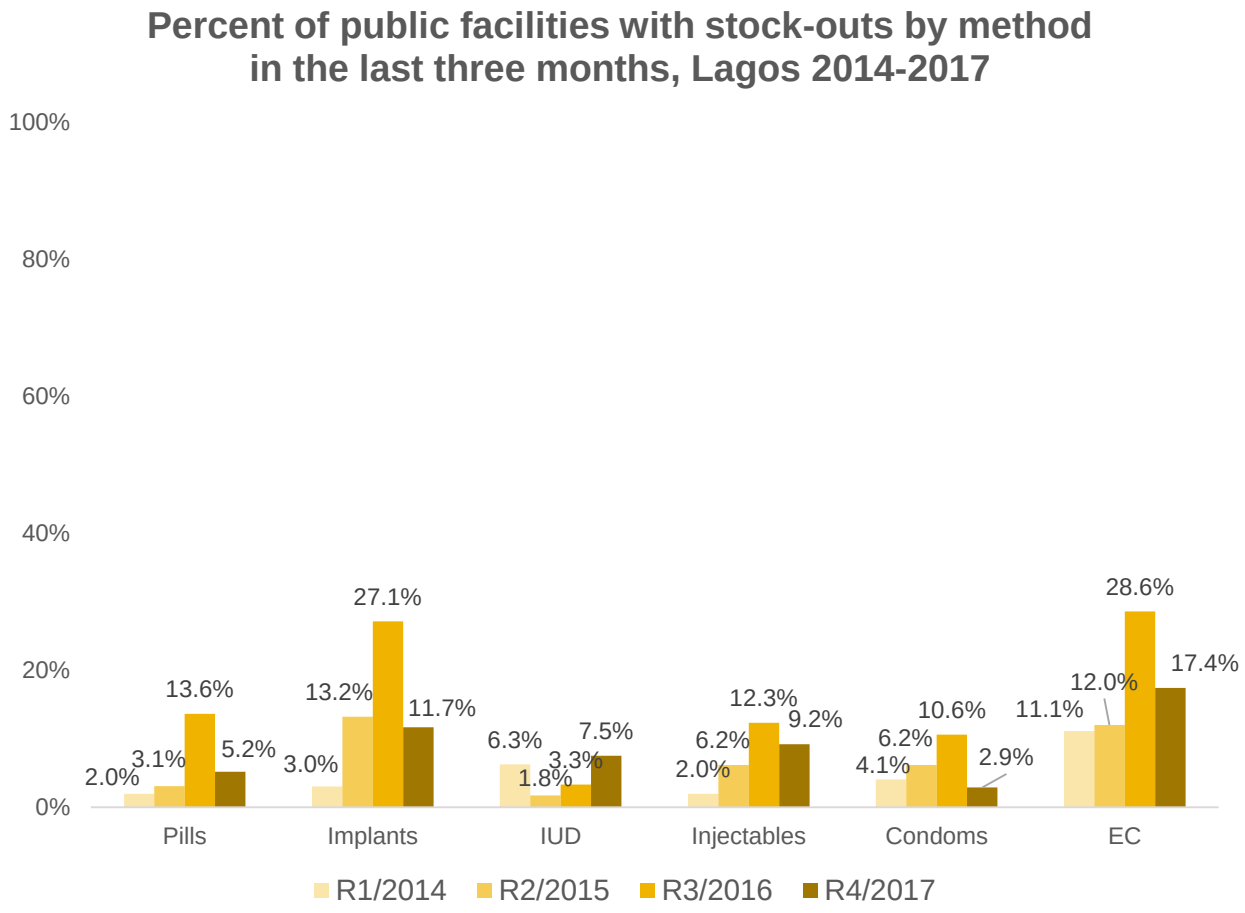
Source: PMA2020 data (R1-R4 Kaduna & Lagos)

*Excluding LAM

Access to services: Method stock-outs

Stock-outs of methods in both states have declined and are fairly low for most methods. In both states, implants and EC remain the methods most out of stock.

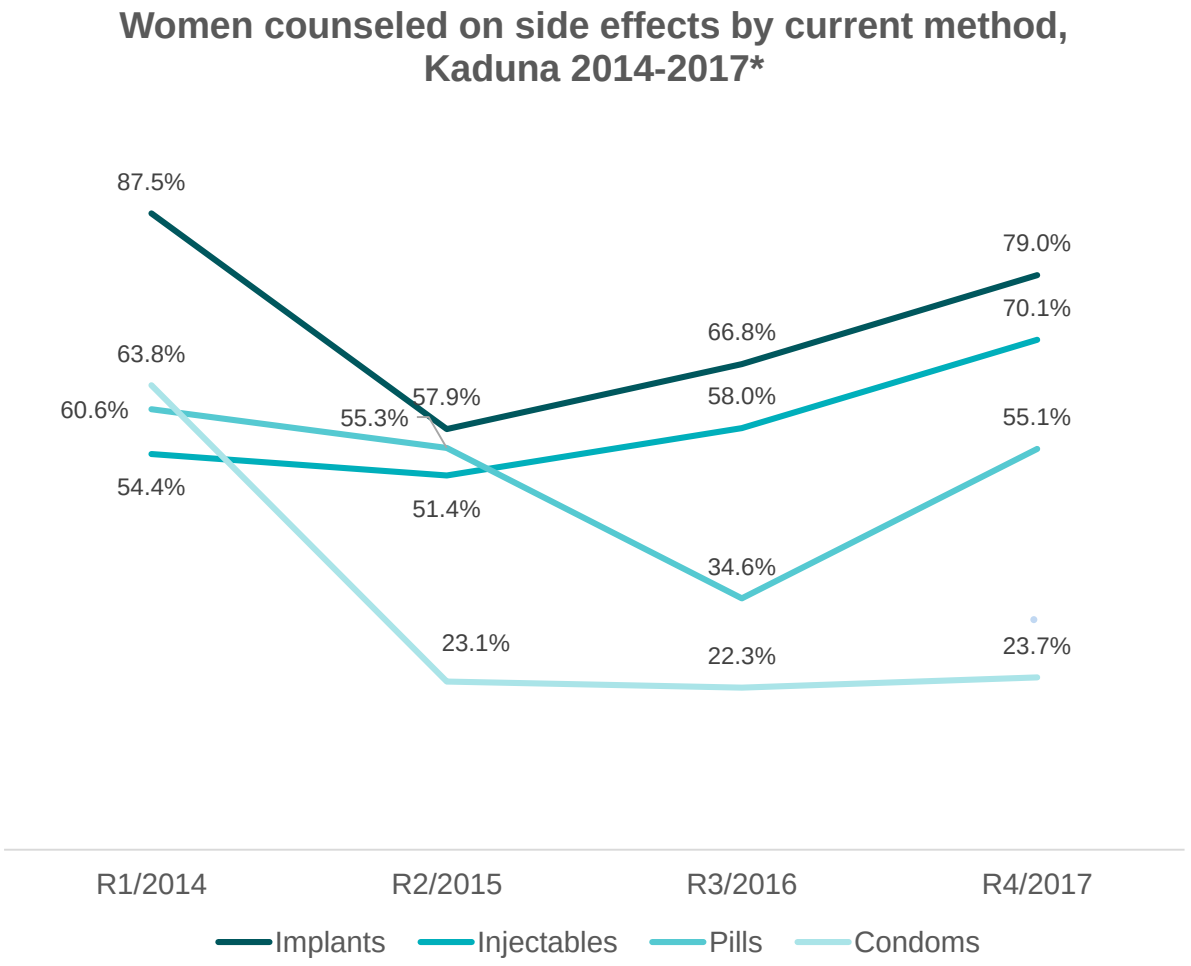


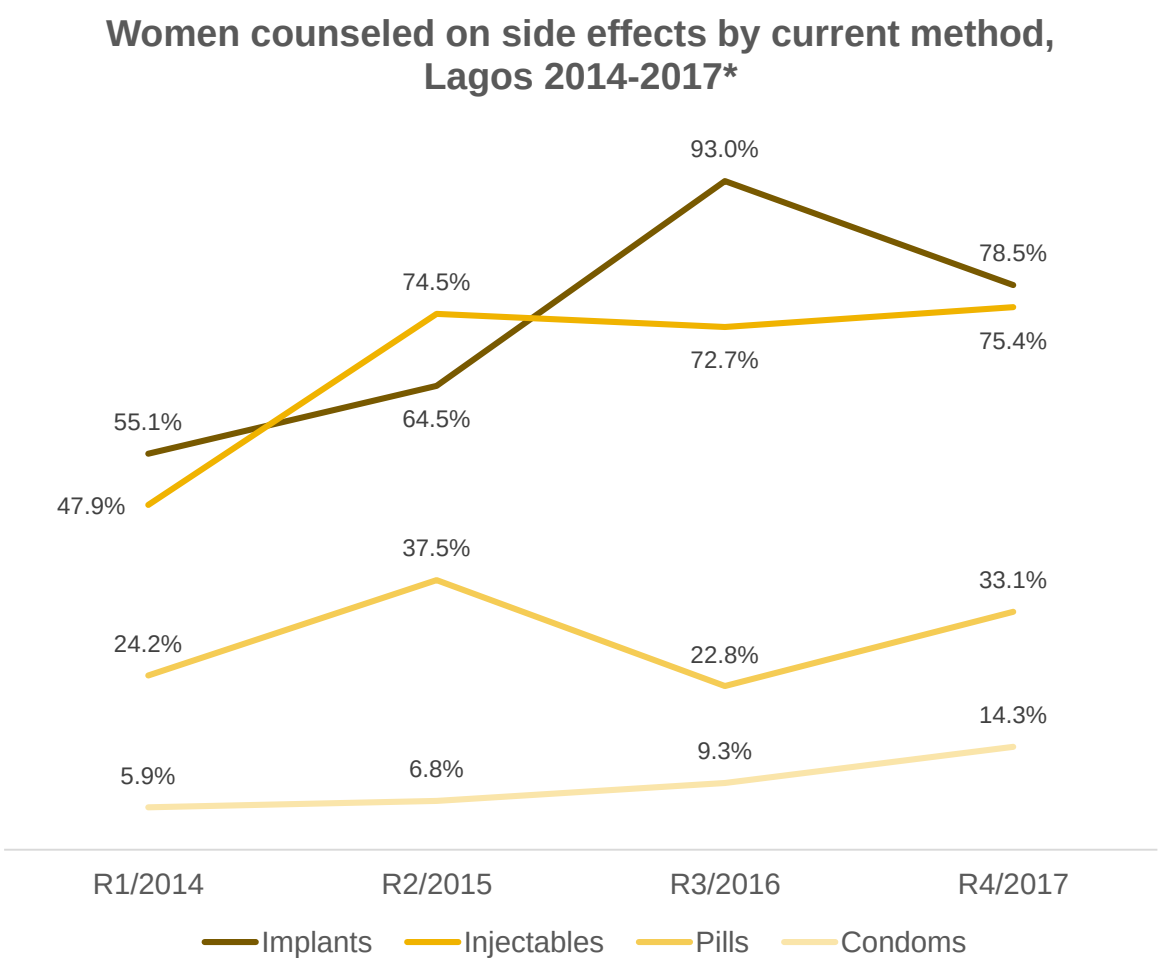


Source: PMA2020 data (R1-R4 Kaduna & Lagos); *No data for EC R4/2017, Kaduna

Service delivery quality: Counseling on side effects

Quality: In general, counseling is increasing in both states.

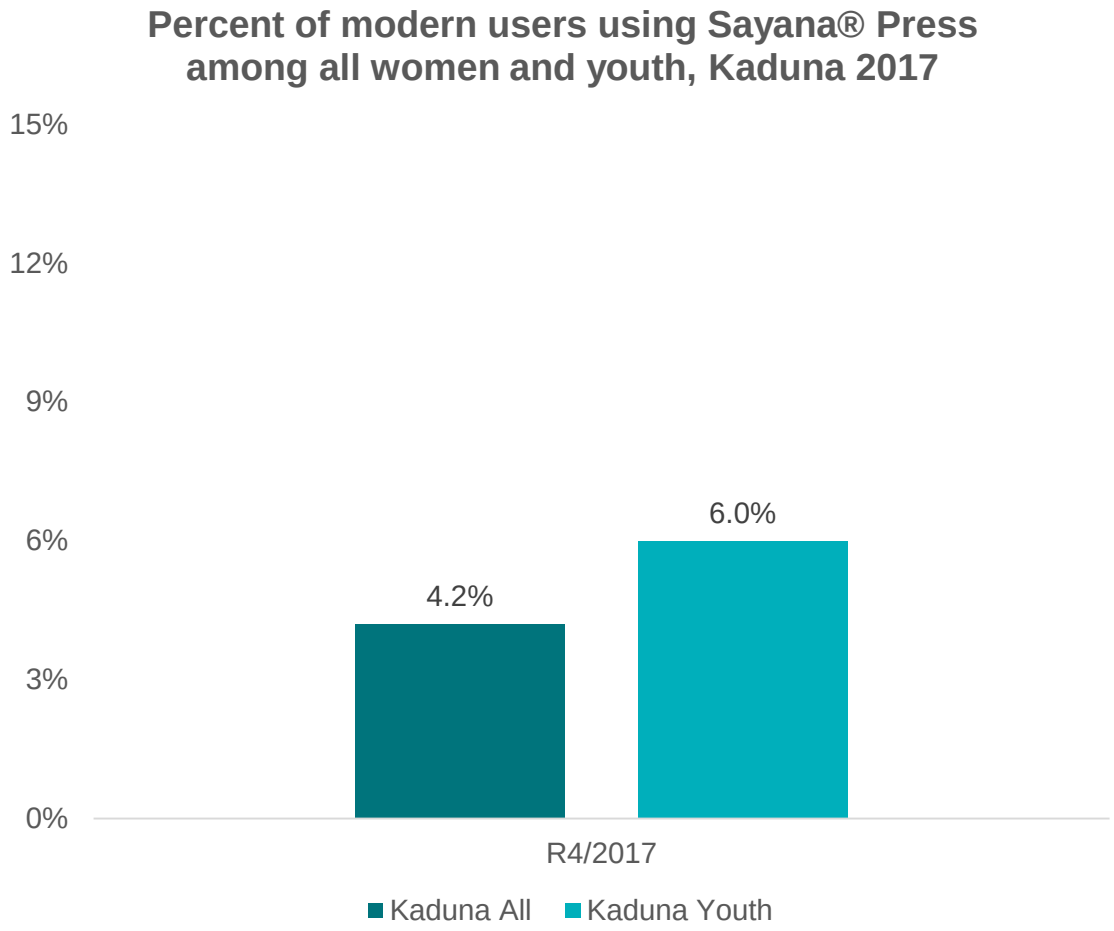


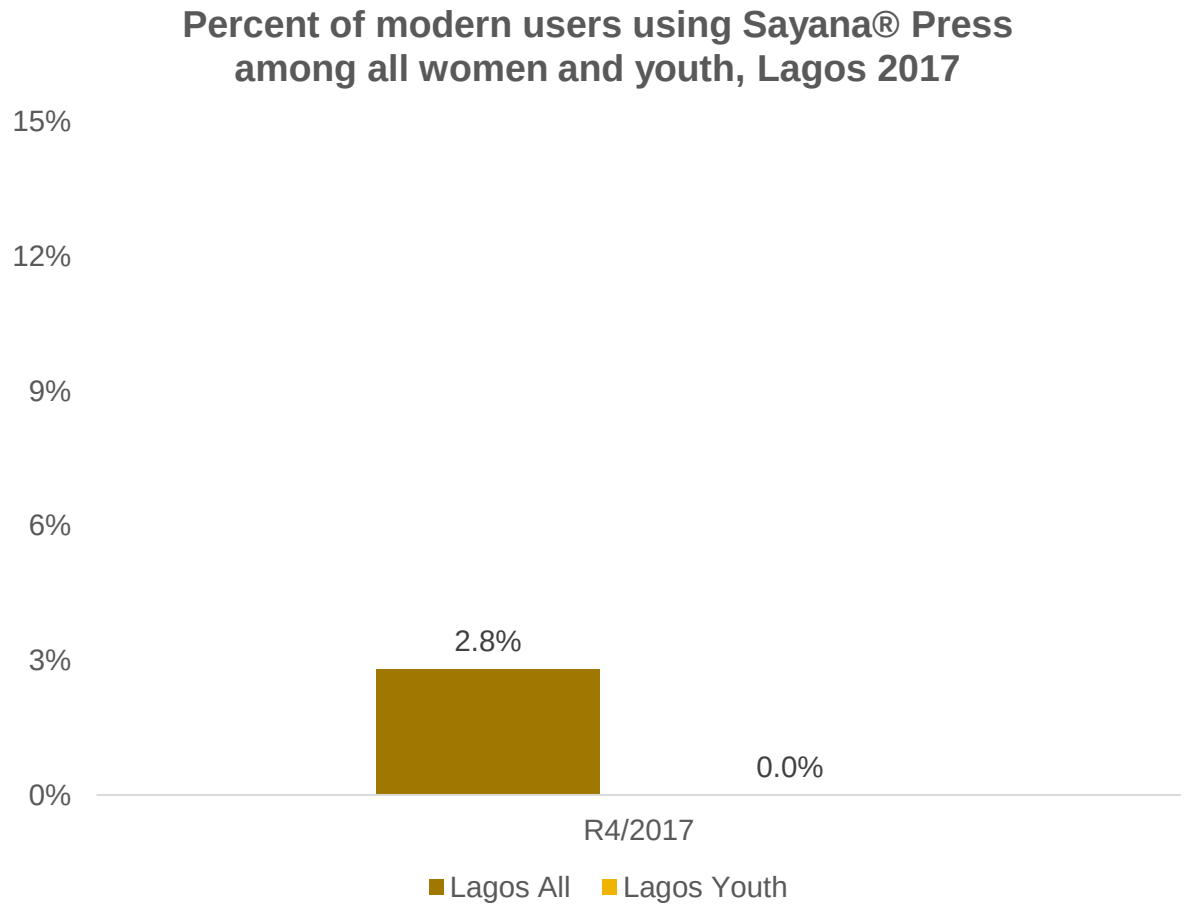


Source: PMA2020 data (R1-R4 Kaduna & Lagos): *Data missing for R4 IUD user counseling.

Use of Sayana® Press

Use of Sayana® Press remains low in both states with slightly higher use among youth in Kaduna. In Lagos, there are no reported cases of youth using SP.

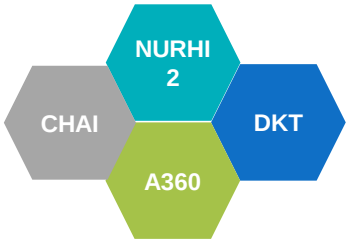




Source: PMA2020 data (R1-R4 Kaduna & Lagos)

SSM grantee-level findings: Service delivery

Grantee



Activities

2016

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

2017

Introduce new FP products
Design, test, and pilot service delivery activities for youth

Facilitators most cited

	2016	2017
Good collaborative partnerships with public & private partners (i.e., FMOH/SMOH, Primary Health Care Board, CSOs, Pfizer)		
Positive support from service providers (i.e., willingness to provide services to adolescent girls, active participation in training)		
Improvements in FP product packaging (i.e., smaller needle, package) along with effective media campaigns (Honey & Banana)		
Pre-existing tools, training materials, and service-delivery-support data (i.e., in-stock commodities, provider, and facility)		
Strong engagement and diverse support of both staff and communities (i.e., SFH team, IDEO.org, adolescent girls, and parents)		
Positive impacts of FP policy and advocacy campaign (i.e., Task Shifting (TS) policy, advocacy meetings for stakeholders)		

Barriers most cited

	2016	2017
Insufficient financial resources plus limited data on FP product use that limited the implementation of service delivery activities		
Low participation of well-trained providers/ CHEWs due to their limited availability, high turnover, and unwillingness to travel		
Tight timelines, product stock-outs, & limited number of appropriate/capable staff that challenged completion of activities on time		
Bureaucracy, restrictions & limited political will surrounding FP (i.e., delayed domestication of TS policy by states)		
Providers' mindset of not considering FP as part of integrated services, doctors/consumers' resistance to new FP products		
Social-cultural barriers to FP (i.e., providers & community leaders' bias against FP, myths around sexuality & contraceptive)		

Source: SSM, grantee interviews, document review

Service delivery: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
Good relationships with government at national & state levels, local FP stakeholders, and BMGF partners	■	■
Diverse, interdisciplinary team with strong technical skills, and active interactions between grantees and BMGF headquarters	■	■
Government's commitments to FP (i.e., Nigeria's new commitment at London Summit 2017)	■	
Pre-existing tools, training materials, and service-delivery-support data (i.e., in-stock commodities, provider, and facility)		■
Positive impacts of FP policy (Task Shifting) and effective media/advocacy strategies surrounding service delivery		■

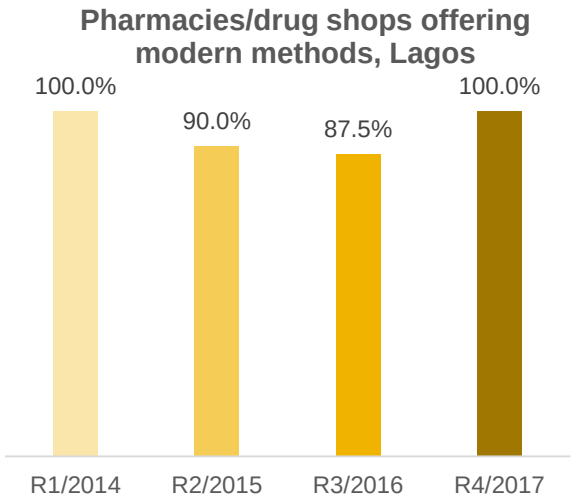
Barriers most cited		
Bureaucracy & existing policy barriers to service delivery (i.e., restrictions to allow PPMVs to offer injectables and LARC)	■	■
Insufficient financial resources & product stock-outs plus tight timelines that challenged service delivery activities		■
Low participation of highly-skilled providers/ CHEWs due to their limited availability, high turnover, and unwillingness to travel		■
Providers' limited perception of FP as a silo, and doctors & consumers' inflexible acceptance of new FP products		■
Market distortions due to other donors' subsidies of Sayana® Press, which undermined new product introduction efforts		■
Lack of engagement by FMOH/SMOH to educate & create awareness about Sayana® Press/ self-injection products		■
Social-cultural barriers to FP (i.e., myths around sexuality & misconceptions about contraceptive)		■

Source: PO interviews, SSM, grantee interviews, document review

Summary dashboard: Service delivery

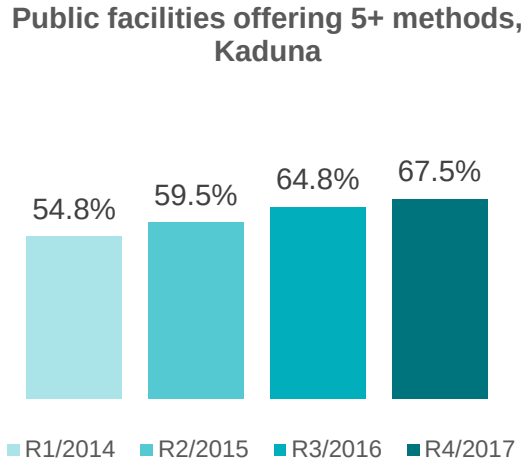
The most widely used types of facilities increasingly offer an appropriate range of methods. Use of Sayana® Press is still low.

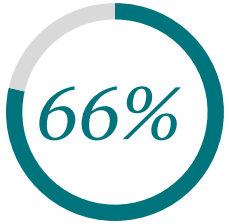
Lagos: Access to FP is high and increasing



of women get their methods from PPMV/pharmacies

Kaduna: Access is increasing, could still be improved





of women get their method from public facilities

Key barriers

Doctors & consumers' inflexible acceptance of new FP products

Low participation of well-trained providers/ CHEWs due to their limited availability, high turnover.

Area of improvement: Sayana® Press % use

Source: PMA2020 data (R1-R4 Kaduna & Lagos), PO interviews, SSM, document review

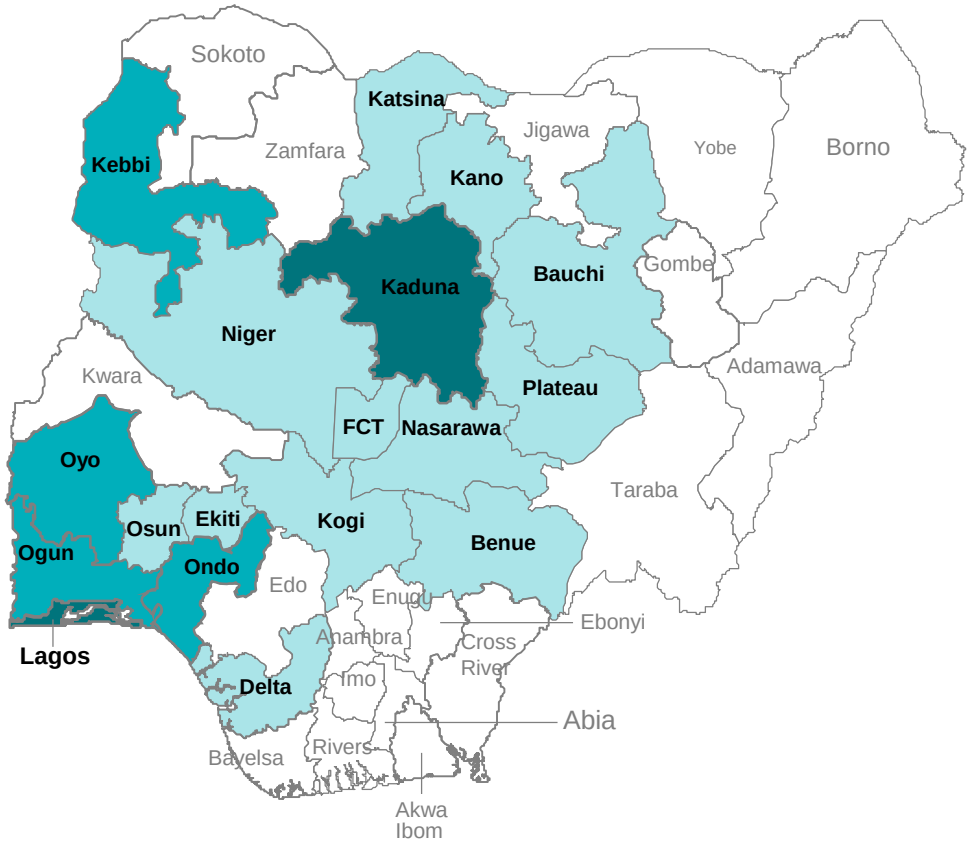
Coordination, scale-up & overall impact

Nigeria findings

Scale-up and overall impact

Critical assumptions	Expected changes	Sentinel indicators
Contributing to national conversation on FP enables successful adoption of models	Successful models are adopted & replicated or scaled-up	mCPR in Kaduna and Lagos # of states scaling up elements of demonstration projects National mCPR
High quality data influences scale-up decisions		
Strong CIPs and donor coordination support model scale-up		
Demonstration models seen as relevant and feasible models by other states		
Model programs remain effective when scaled up by others in new contexts		
Matching funds and TA will incentivize scale-up of effective demonstration models.		

Scale up and BMGF expansion



- BMGF deep investment state
- Scale-up/expansion states Dec 2016
- Scale-up/expansion states Dec 2017

Enabling environment

- AFP, TSU, NURHI2 & Track20 continue to support CIP development throughout Nigeria
- Multiple grantees supporting TSP scale-up in various states (AFP, ASG, TSU & NURHI2).

Demand generation

- NURHI2 and FMOH develop the new National FP Logo in part, drawing on NURHI1 lessons learned
- DKT running Honey & Banana radio shows in 15 states

Scale-up of successful models

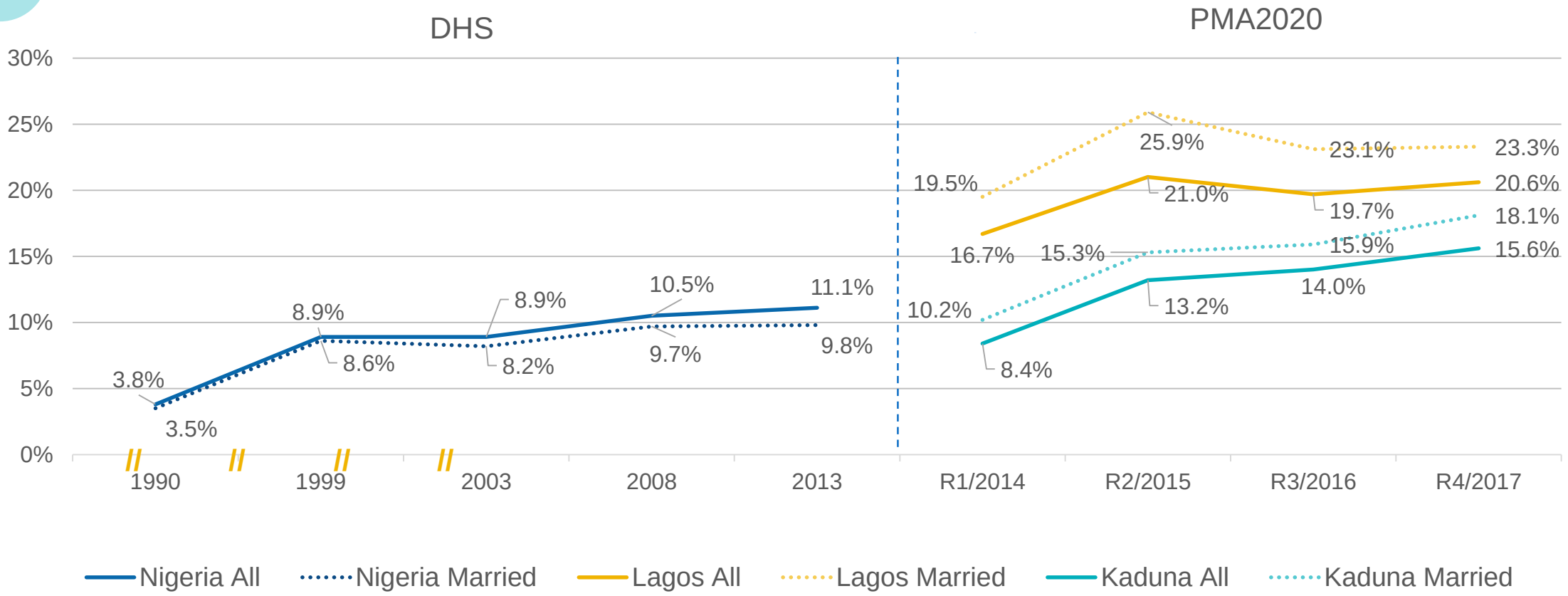
- TCI currently working with Ogun, Kano, Delta, Niger, & Bauchi leveraging on the successes of the NURHI approach. In year 2018, TCI will expand to 5 more states.
- Multiple grantees involved in planning for the public sector introduction and scale-up of Sayana® Press

Source: PO interviews, SSM, grantee interviews, document review

Summary dashboard: Coordination, scale-up & impact

Lagos mCPR trending slightly down for all women and married women since 2015. Kaduna mCPR trending up over time.

mCPR longer-term trends



Source: PMA2020 data (R1-R4 Kaduna & Lagos); DHS 1990, 1999, 2003, 2008, 2013

SSM grantee-level findings: Scale-up

Grantee

TCI

TSU

Activities

*2016**

2017

Resource mobilization and sustainability for TCI supported states
Advocacy and marketing for state expansion
Technical support & program implementation of NUHRI-proven interventions in states
TCI-university roll-out (i.e., TOT, orientation & coaching to consultants)
Strategy development for the introduction & scale-up of DMPA-SC

Facilitators most cited

	2016	2017
Demonstrated commitment from state gov'ts to make contribution to the course of TCI implementation		
Prioritization of FP/health at nat'l level (PHC Under One Roof, recognition of DMPA-SC as an accelerator for nat'l CPR goals)		
Good collaborative partnerships with gov't agencies at nat'l & state levels and BMGF partners		
Effective advocacy along with evidence of past successes (i.e., NURHI's proven models, global results of TCI models)		
Availability of data, pre-existing supporting systems/ high-impact platforms, and internal & external technical experts		

Barriers most cited

Low percentage of state budget allocations & releases (i.e., resistance to release not-for-profit investments, no budget line)		
Limited technical capacity/resources in program implementation at state level but strong resistance to seek support		
Status quo mindset on changes, and high expectations of state implementers (adopt more interventions than they can handle)		
Partner inflexibility & competition for resources (i.e., challenges on attribution of resources and shared glory, competition mindset)		
Conflicting resource platforms, and fragmentation among pre-existing health structures (i.e., SMOH vs. PHC system)		
Lack of coordination with private sector due to unavailability of data, and weak understanding of the private sector's role in FP		

*No data for 2016

Source, SSM, grantee interviews, document review

Scale up: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
Government's commitments to FP (London Summit 2017), and states' interest & funding commitments to TCI implementation	■	■
Good collaborative partnerships with government at national & state levels, FP stakeholders, and BMGF partners	■	■
Lessons on scale-up models learned from other countries/grantees (scale-up of Sayana® Press in Uganda, NURHI models)	■	■
Prioritization of FP/health at nat'l level (PHC Under One Roof, recognition of DMPA-SC as an accelerator for nat'l CPR goals)		■
Effective advocacy along with evidence of past successes (i.e., NURHI's proven models, global results of TCI models)		■
Availability of data, pre-existing supporting systems/ high-impact platforms, and internal & external technical experts		■

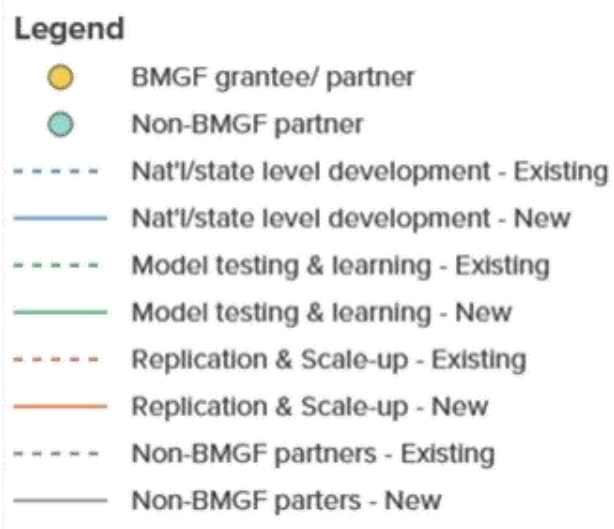
Barriers most cited	*POs*	*Grantees*
Complex and large population dynamic in some states (i.e., Lagos)	■	
Low percentage of state budget allocations & releases plus status quo mindset on making changes of state implementers		■
Limited technical capacity/resources in program implementation at state level		■
Conflicting resource platforms, and fragmentation among pre-existing health structures (i.e., SMOH vs. PHC system)		■
Lack of coordination with private sector due to unavailability of data, and weak understanding of the private sector's role in FP		■
Limited number of staff with high workloads		■

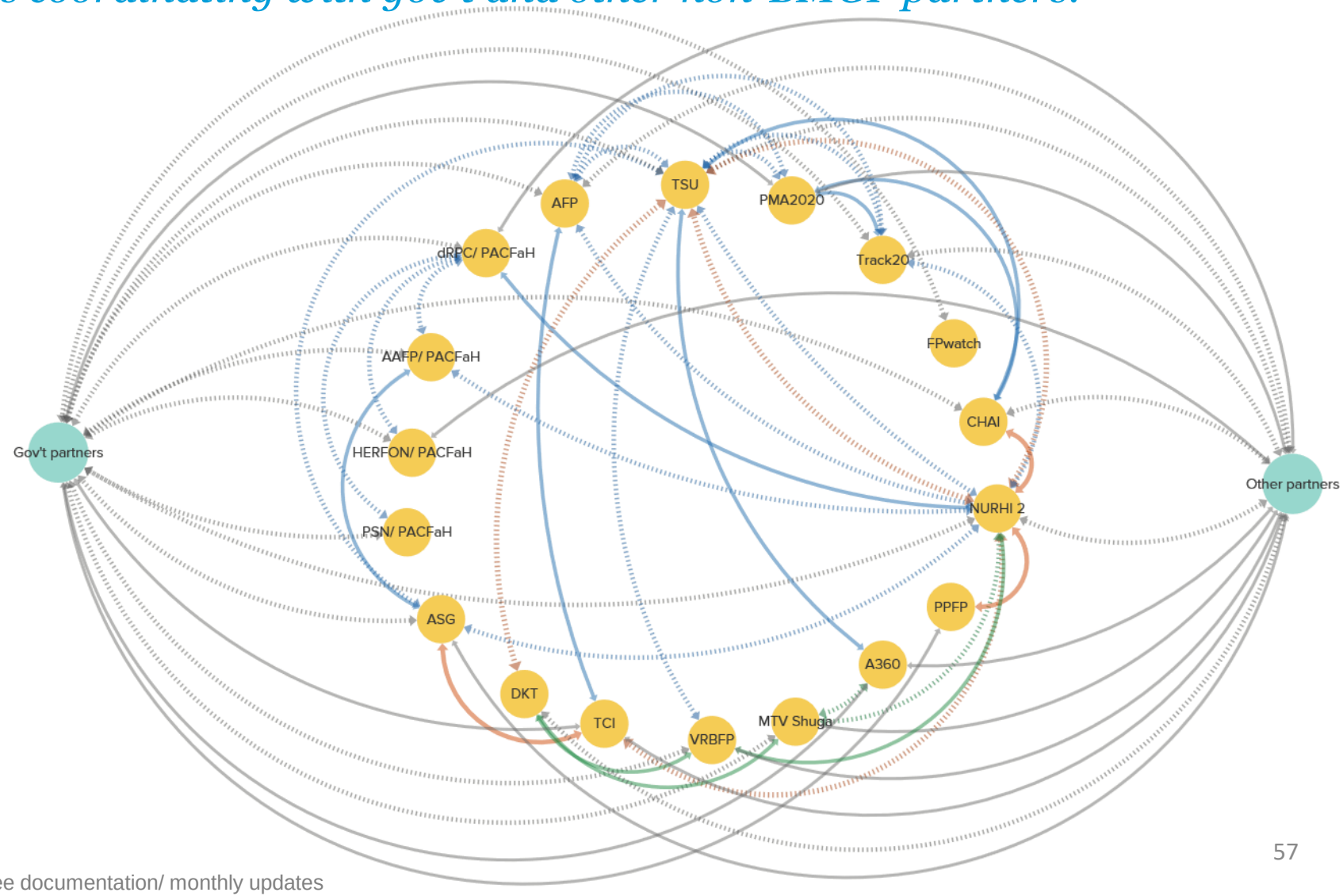
Source: PO interviews, SSM, grantee interviews, document review

Current status of cross-grantee coordination

Most new instances of coordination occurred with grantees working with other grantees on Gov't capacity-building and grantees coordinating with gov't and other non-BMGF partners.

Other partners include the USAID, UNFPA, WHO, the World Bank, UN Population Division, DFID, FP2020, Society for Family Health, FHI360, Save the Children, Marie Stope International, the Children's Investment Fund Foundation (CIFF), Pfizer Inc., pharmacy community in Nigeria, Chevron Nigeria, Sapetro, Danjuma Foundation, Well Being Foundation of Africa, Jhpiego, Path, PAI, TJ Mather, MNCH 2, other non-BMGF partners, CSOs, and local advocacy collaborating groups





Source: BMGF PO interviews; SSM data, Grantee interviews, Grantee documentation/ monthly updates

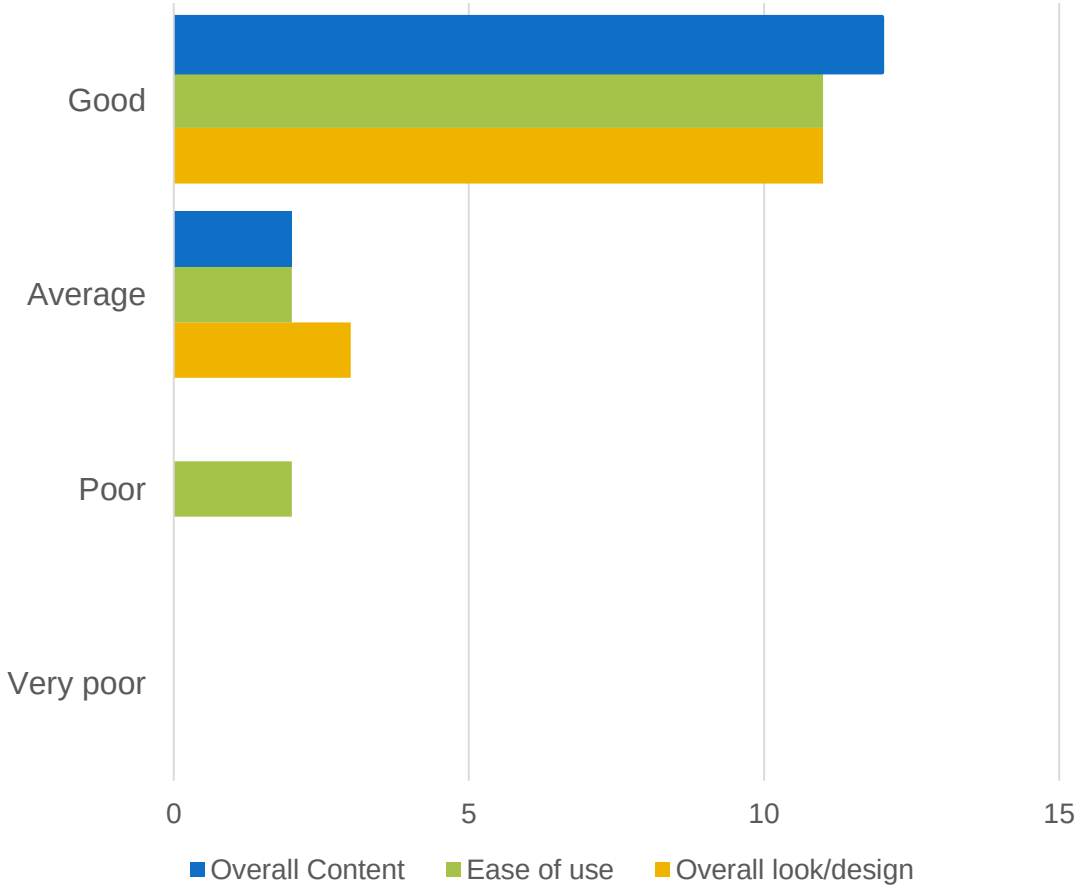
BMGF FP partners interactive timeline

User survey results

Results: Overall impression of interactive timeline

FP CAPE conducted an online & paper-based survey of grantees to gather feedback on the BMGF FP partners interactive timeline. Most respondents had a positive impression of the timeline's information and overall design

Q: How did users rate the overall content, design and ease of use of the timeline?



"The tool is useful to provide information of what other programs have achieved and are doing"

"The tool is useful however, it is very cumbersome to use because of the grids and lines restricting information."

"Not very visible on FP Cape Website. Would have to do multiple clicks to access it….scroll multiple times to view programs."

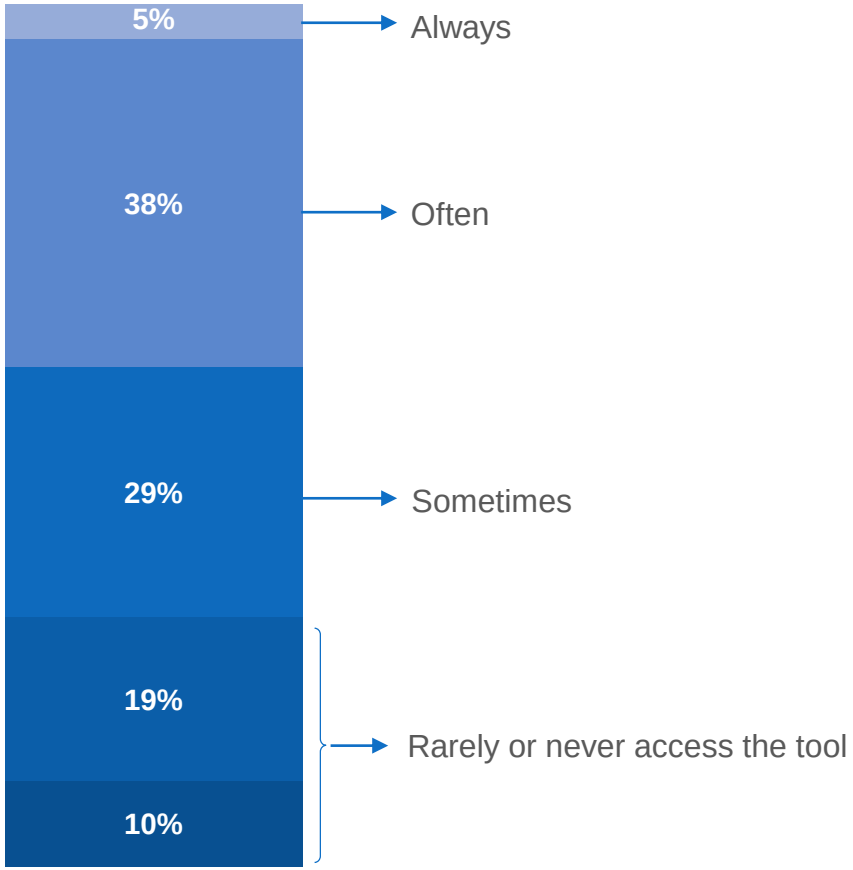
23 *individual respondents*

>80% of respondents found the interactive timeline useful in their work

Frequency and reasons for use

More than 40% of grantees accessed the tool on a regular basis, and they most often used the timeline to track other organizations work or their own activities.

Q: How often did grantees access the timeline?

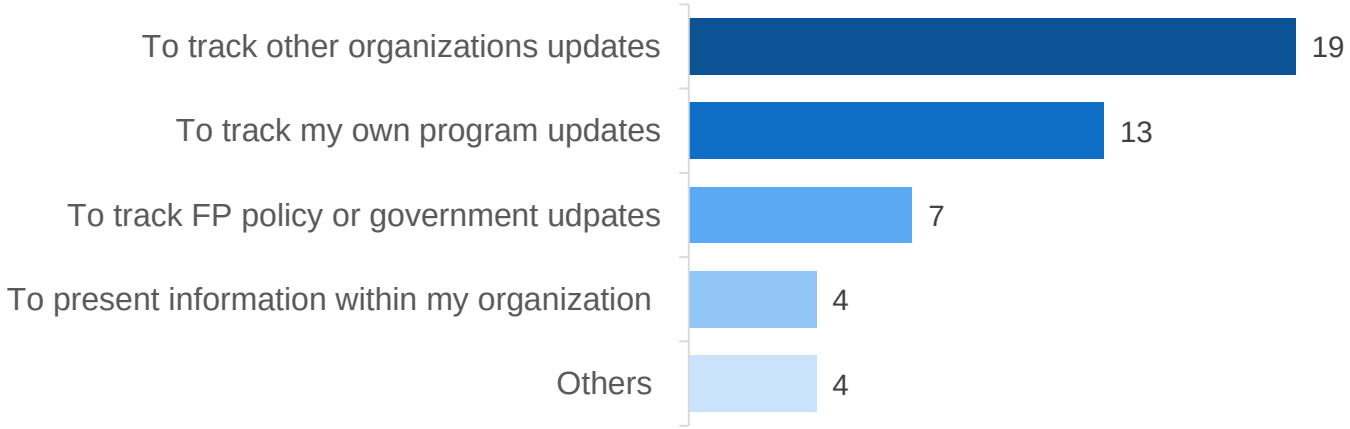


"[I used the timeline] to design and strategize for interventions and collaborations."

"[To] track organizations updates and learn from their activities"

"Very useful especially with knowledge on specific roles and coordination among FP partners"

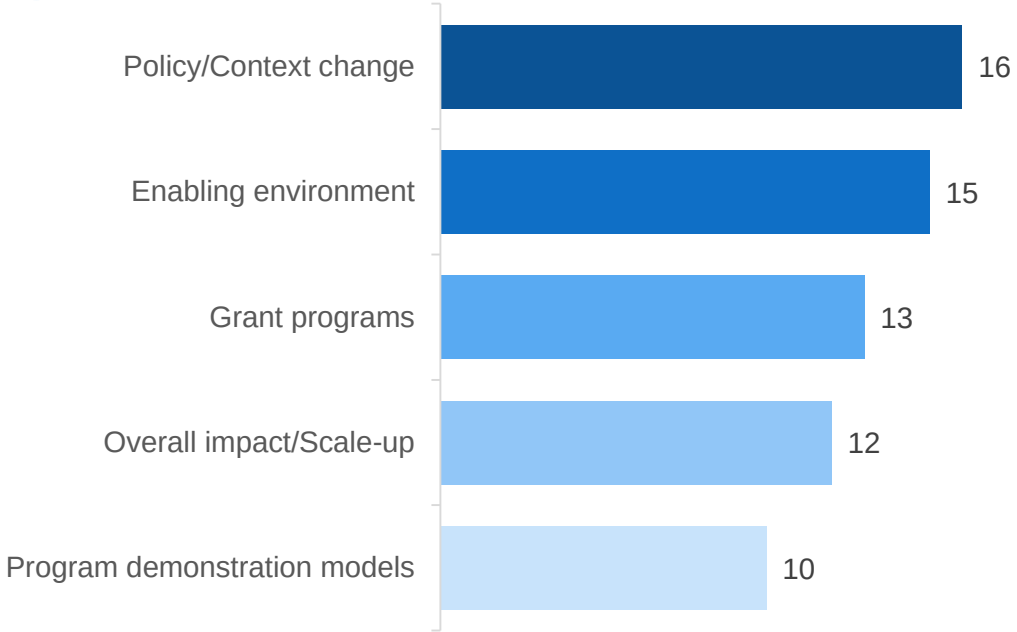
Q: How did grantees use the tool?



Areas of interest and suggestions for improvement

Grantees indicated that they were most interested in learning about areas surrounding policy/context changes, enabling environment and other BMGF programs when accessing the timeline

Q: Which areas were grantees most interested in when using the tool?



"It can be more useful with detailed stats and evaluations."

"[The timeline should include] routine data to [get] an idea of progress."

"[The tool should] include a section on partner [geographic] coverage."

"Include if possible a platform to routinely track changes from program data."

"I think quarterly update would be more useful as major milestones are hard to achieve on a monthly basis."

>80% of users were either satisfied or very satisfied with the information posted on the timeline

None of the users indicated dissatisfaction with the tool

Summary of findings

Overall, grantees were happy with the design, content and ease of use of the timeline and found it a useful tool for their work. Suggestions were made for ease of access, use and further content.

Overall impressions

- Are happy with the overall content, ease of use, and general look of the timeline
- Satisfied with information and content
- Check the timeline sometimes
- Believe that the timeline is useful for their work
- Most use the timeline to track other organizations

Suggested changes

- Improve user friendliness
- Would like more data visualization and analysis to give a sense of portfolio progress
- Believe monthly update system is good, but difficult to produce monthly milestones
- Need more information on what is not working as well as on service utilization and outreach

Opportunities

Overall, grantees were happy with the design, content and ease of use of the timeline and found it a useful tool for their work. Suggestions were made for ease of access, use and further content.

User-experience/Design

- Improve visibility/access of timeline on FP CAPE website.
- Smoother/less rigid user interface.
- Less lines and grids.
- Explore other ways to make the timeline more user friendly.
- Need to balance requests for additional detail with need for simplicity in user interface. Perhaps “choose your own adventure” timelines where zooming in on details may be possible.

Content

- Many requests to add more data content using visualizations
- Change partner updates to quarterly rather than monthly.
- Include tracking of partner activities by geographic coverage for improved coordination.
- Include routine data/reporting to better track progress across the portfolio.

Expanded Uses

- Possibly target “less connected” partners with one-on-one tour session of timeline to increase coordination.
- Expand timeline use and function out to government or other partners (e.g., Lagos SMOH). This would allow for further gov’t coordination of FP activities.
- Could be a resource to the RHTWG and sub-committees.

Appendix

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

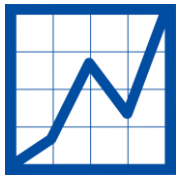
A **prospective design** documents change, issues, and learning concurrently with implementation. This allows FP CAPE to test critical assumptions in real time.

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 make up 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

List of abbreviations

A360	Adolescent360
AFP	Advance Family Planning
ASG	Albright Stonebridge Group
ASRH	Adolescent sexual and reproductive health
BMGF	Bill & Melinda Gates Foundation
CHAI	Clinton Health Access Initiative
CHW	Community health worker
CHEW	Community health extension worker
CIP	Costed Implementation Plan
CPC	Carolina Population Center
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DFID	Department for International Development
DHS	Demographic and Health Survey
DKT	DKT International
DMPA-SC	Depot-medroxyprogesterone acetate(Sayana® Press)
DRC	The Democratic Republic of the Congo
dRPC	Development Research and Projects Centre
EC	Emergency Contraception
FMOH	Federal Ministry of Health
FP2020	Family planning 2020
FP	Family planning
FP CAPE	Family Planning Country Action Process Evaluation
HMIS	Health management information system
IRB	Institutional Review Board
IUD	Intrauterine device
JHU	Johns Hopkins University
LARC	Long acting reversible contraceptive
mCPR	Modern contraceptive prevalence rate
M&E	Monitoring and evaluation
MEO	Monitoring and Evaluation Officer
MNCH	Maternal, newborn and child health
NCIFP	National Country Index for Family Planning
NDHS	Nigeria Demographic and Health Survey
NURHI	Nigerian Urban Reproductive Health Initiative
PACFaH	The Partnership for Advocacy in Child and Family Health
PHC	Primary Health Care
PMA2020	Performance Monitoring and Accountability 2020
PO	Program Officer
PPFP	Post-partum family planning
PPMV	Proprietary patent medicine vendors
PSI	Population services international
RH	Reproductive health
RHTWG	Regional Health Technical Working Group
SDGs	Sustainable development goals
SFH	Society for Family Health
SM	Social mobilization
SMOH	State Ministry of Health
SSM	System support mapping
SP	Sayana® Press
TA	Technical Assistance
TCI	The Challenge Initiative
TS	Task-shifting/task-sharing
TSP	Task-shifting/task-sharing policy
TSU	Technical Support Unit
TOC	Theory of change
TOT	Training of trainers
UNC-CH	University of North Carolina at Chapel Hill
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VRBFP	Voluntary Rights-Based Family Planning
WHO	World Health Organization