Table of contents

01

Executive summary

Nigeria findings & insights

Executive summary

We asked six questions (5a-5f) to test the portfolio theory of change (TOC) and explore collaboratively identified questions from the Annual FP Partners Meeting.

Question 05a	**Is GoN capacity increasing? Why? Why not?**	*Question 05b*	**How are data used for decision-making?**
Key findings *Informs sustainability and scale-up*	The effects of capacity building were observed by both those providing and receiving the intervention, at both the federal and state levels, and in a wide range of areas.	**Key findings** *Informs sustainability and scale-up*	Data are being used for planning and decision-making. All types of staff mentioned the availability of multiple sources of data – from both routine and survey sources. Slightly better access at higher levels of gov't. Data unavailability, "bad news" results, and gaps in data sources were mentioned as barriers to data use for decision-making.

Executive summary continued

We asked six questions (5a-5f) to test the portfolio theory of change (TOC) and explore collaboratively identified questions from the Annual FP Partners Meeting.

Question 05c	**CIPs and workplans: How are they used?**
Key findings *Informs sustainability and scale-up*	The CIPs and workplans have helped organize and facilitate GoN staff work. They are used to monitor and plan for activities, collaborate with stakeholders, and provide the long-term vision.

Question 05d	**Who are the women not using FP?**
Key findings *Informs replication*	The likelihood of being a non-user is higher in both states among less-educated (borderline significance in Lagos) and low-parity women. Women under 25 in Lagos are more likely to be a non-user than older women, but women under 25 in Kaduna are *less* likely to be a non-user compared with older women.

Executive summary continued

We asked six questions (5a-5f) to test the portfolio theory of change (TOC) and explore collaboratively identified questions from the Annual FP Partners Meeting.

Question 05e	**What is the effect of different types of FP messages on mCPR in Lagos?**
Key findings	No significant impact of mass media on mCPR with current data available (through 2016). Further implementation time and subsequent data waves are needed to monitor impact over time.

Informs replication

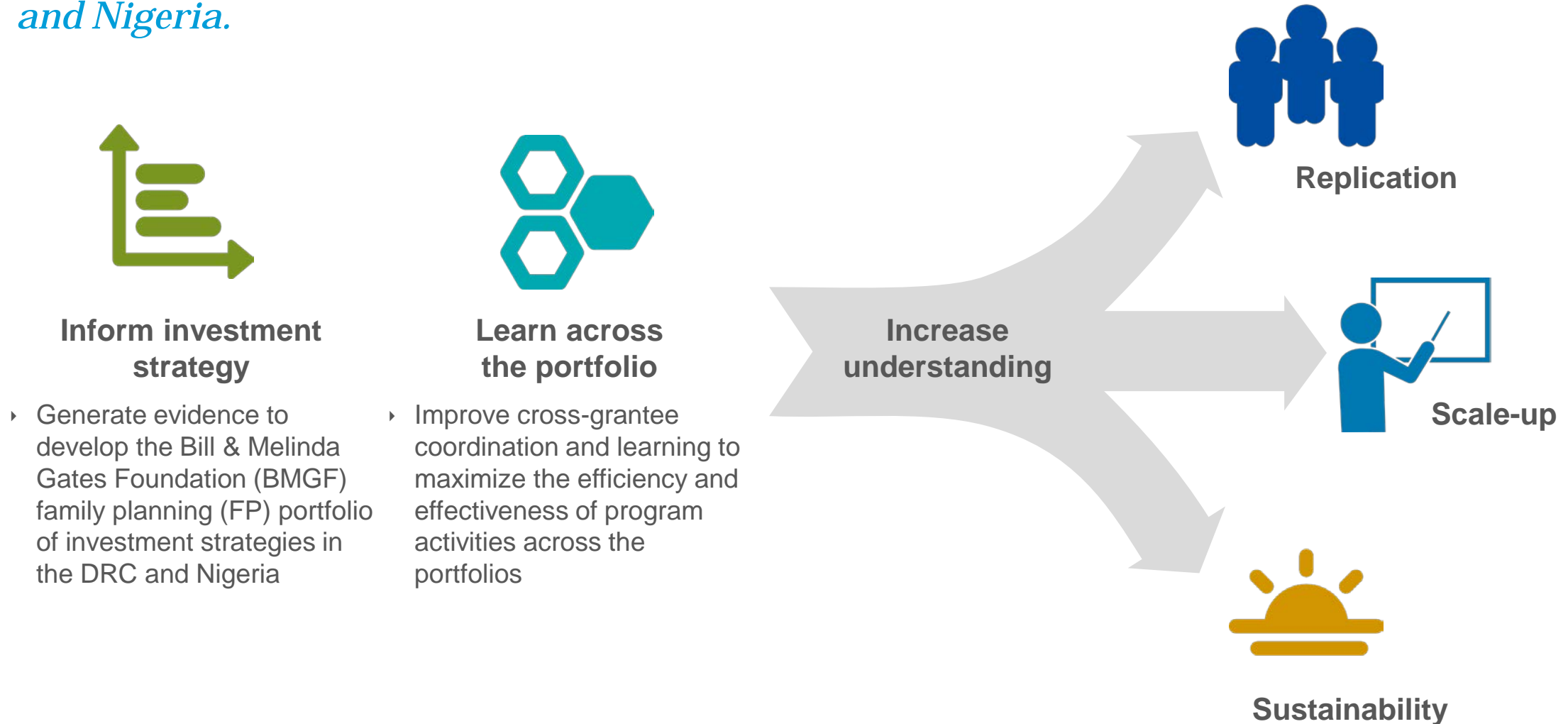|	
Question 05f	**How are grantees coordinating with government?**
Key findings	Most new instances of coordination occurred between grantees, leveraging each other's expertise and resources to enhance program activities. Enabling environment grantees boast the most connections with government. There is opportunity for Model Testing & Learning grantees to become better connected to government agencies.

Informs sustainability and scale-up

02

FP CAPE purpose & goals
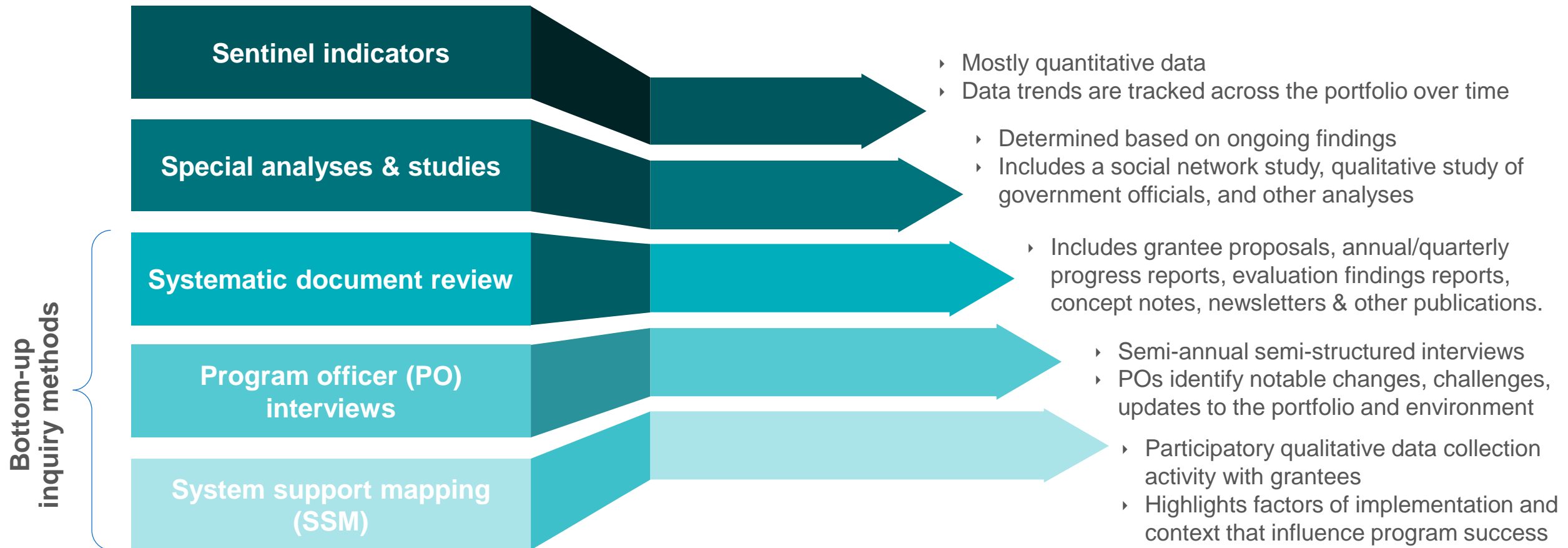
A portfolio evaluation

FP CAPE evaluation objectives

The purpose of FP CAPE is to generate evidence on <u>how</u> and <u>why</u> each portfolio of investments is/is not driving change in key reproductive health outcomes in the DRC and Nigeria.

Inform investment strategy

‣ Generate evidence to develop the Bill & Melinda Gates Foundation (BMGF) family planning (FP) portfolio of investment strategies in the DRC and Nigeria

Learn across the portfolio

‣ Improve cross-grantee coordination and learning to maximize the efficiency and effectiveness of program activities across the portfolios

Increase understanding

Replication

Scale-up

Sustainability

FP CAPE evaluation toolkit

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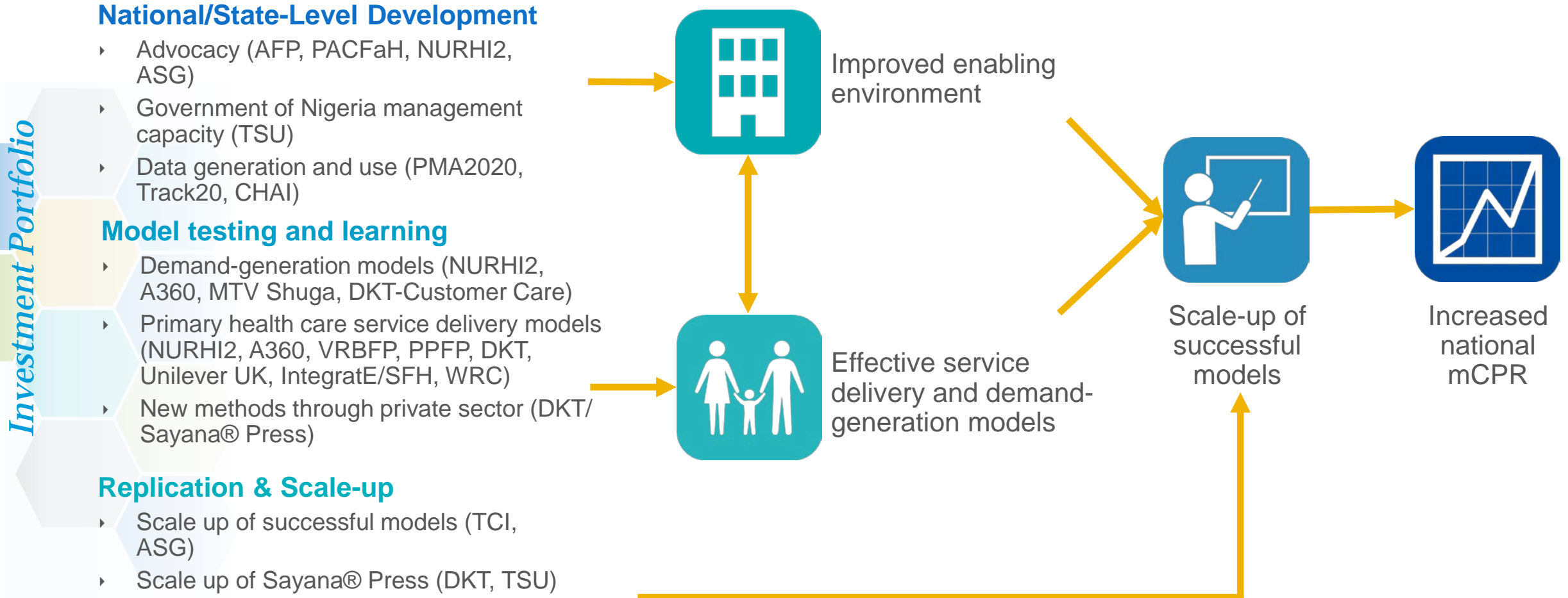
Bottom-up inquiry methods

Sentinel indicators

‣ Mostly quantitative data
‣ Data trends are tracked across the portfolio over time

Special analyses & studies

‣ Determined based on ongoing findings
‣ Includes a social network study, qualitative study of government officials, and other analyses

Systematic document review

‣ Includes grantee proposals, annual/quarterly progress reports, evaluation findings reports, concept notes, newsletters & other publications.

Program officer (PO) interviews

‣ Semi-annual semi-structured interviews
‣ POs identify notable changes, challenges, updates to the portfolio and environment

System support mapping (SSM)

‣ Participatory qualitative data collection activity with grantees
‣ Highlights factors of implementation and context that influence program success

03 Portfolio theory of change (TOC) and critical assumptions

Nigeria

Theory of change: BMGF Nigeria investment portfolio

FP CAPE's research questions are based on 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, PACFaH, NURHI2, ASG)

‣ Government of Nigeria management capacity (TSU)

‣ Data generation and use (PMA2020, Track20, CHAI)

Model testing and learning

‣ Demand-generation models (NURHI2, A360, MTV Shuga, DKT-Customer Care)

‣ Primary health care service delivery models (NURHI2, A360, VRBFP, PPFP, DKT, Unilever UK, IntegratE/SFH, WRC)

‣ New methods through private sector (DKT/ Sayana® Press)

Replication & Scale-up

‣ Scale up of successful models (TCI, ASG)

‣ Scale up of Sayana® Press (DKT, TSU)

Improved enabling environment

Effective service delivery and demand-generation models

Scale-up of successful models

Increased national mCPR

Theory of change: Critical assumptions

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

Project area	Critical assumptions
Investment portfolio	
Improved enabling environment	‣ Advocacy outcome contributes to increases in domestic funding for FP as well as visibility of FP ‣ Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing Policy ‣ Targeted support to FMoH/SMoH strengthens donor coordination and CIPs ‣ Strong measurement drives performance
Effective service delivery and demand-generation models	‣ Demand-generation models result in large-scale social norm change ‣ PHC service-delivery models increase quality and access to services ‣ Introduction of new methods generate new demand for services, especially among youth ‣ The Task-Shifting & Task-Sharing Policy increases access to FP
Outcomes	
Replication & scale-up of successful models	‣ Contributing to national conversation on FP enables successful adoption of models ‣ Strong CIPs and donor coordination support model scale-up ‣ High-quality data influences scale-up decisions ‣ Demonstration models seen as relevant and feasible models by other states
Increased national mCPR	‣ Model programs remain effective when scaled up by others in new contexts ‣ Matching funds and TA will incentivize scale-up of effective demonstration models

04

Key questions and themes

Emerging from 2018 Annual FP Partners Meeting and December 2017 portfolio findings

Annual meeting key takeaways & actions

At the 2018 Nigeria Family Planning Partners Meeting, government officials and BMGF grantees discussed FP portfolio evaluation findings and identified key action items for change.

National/state-level development

Costed implementation plans (CIPs)
- Prioritize CIP development, streamlining & implementation

Data use
- Improve data use at FMoH/SMoH levels and across grantees for decision-making

Advocacy and funding
- Tailor FP messages to ensure new audience reach & contextual fit
- Improve transparency on budget allocation & release for FP activities

Policy
- Support states to domesticate the Task Shifting Policy (TSP)
- Revise policies on AYSRH services, to improve adolescent & youth access to FP

Model testing and learning

Demand generation
- Domesticate national FP communication plan, including youth focus
- Revise NPT curriculum to reduce providers' bias
- Engage SM officers, health educators & ward committees to encourage health facility FP provision/uptake

Service delivery
- Conduct mapping of PPMVs, set up systems to monitor quality of care
- Scale up counseling training for CHEWs, and encourage states to lead conducting FP outreach & supportive supervision

- Advocate federal & state governments to fund supply chain so local procurement is less dependent on federal supply
- Improve access to & quality of FP by supporting dissemination of DMPA-SC strategy

Replication, coordination and scale-up

Coordination
- Government to lead partner coordination beyond quarterly meetings
- Conduct regular mapping of partners and resources

- More cross-sharing/learning across projects, disseminating findings, sharing data

Scale-up
- Create and disseminate a clear protocol for partner engagement with gov't at state level:
  - How to engage with state government
  - Debt sustainability analysis
  - Elimination of extra incentives

Collaboratively identified questions

BMGF grantees worked together to identify key questions across Nigeria's FP investment portfolio. Questions in colored bubbles will be addressed in this deck.

Enabling environment

Is the FMoH/SMoH ready to prioritize FP? (Q05a,05b)

How much FP is funded at the state level?

How can we improve accountability? (Q05a-05c)

Which BMGF-funded partners are conducting FP activities in which states? (Q05f)

How can government leverage the presence of donors in some states to drive their expansion in other states?

How can we engage more with other relevant stakeholders?

Model testing & learning, Replication & scale-up

What is the experience of using peer testimonies to improve intent to use contraceptives?

What is impact of media as a source of FP information? In a replication state/context? (Q05e)

What are the demographic characteristics of intending users? How is this different in replication sites? (Q05d)

Coordination & scale-up

Is the government rolling out free Sayana® Press in all states?

How are grantees coordinating with GoN for sustainability? (Q05f)

What are opportunities to scale up training of providers on administering Sayana® Press at low cost?

Are CIPs contributing to gov't leadership and coordination? (Q05c)

15

Questions

We focus our analyses at key questions brought up in the Annual FP Partners Meeting, as well as explore our project's critical assumptions about the TOC.

#	Question	Governance	Model testing	Scale-up
05a	Is GoN capacity increasing? Why? Why not?	■		■
05b	How are data used for decision-making?	■		■
05c	CIPs and workplans: How are they used?	■		■
05d	Who are the women not using FP?		■	
05e	What is the effect of different types of FP messages on mCPR in Lagos (replication state)?		■	
05f	How are grantees coordinating with government?	■	■	■

05

Select questions and findings

Nigeria, June 2018

Special qualitative study of government capacity building

Questions & findings

Capacity building (CB) strategies provide support for MoHs to implement CIPs and impact national mCPR

This qualitative special study explored the effectiveness of BMGF capacity building strategies focused on strengthening donor coordination and CIPs, for the goal of increasing national mCPR.

Capacity building

Technical development

▸ Develop & implement tools
  – Activity matrix
  – Performance management system
  – Gap analysis
▸ Conduct/develop trainings & ToTs
  – CIP development
  – M&E/Excel
  – Advocacy, communication & presentation skills
▸ Use data for decision-making

Leadership & management; advocacy & communication

▸ Coordinating activities of the RH TWG and its subcommittees to provide expert direction on FP/RH issues
▸ Management/motivation
▸ Aligning work with personnel
▸ Coordinating FP partners activities at national/ state levels
▸ Advocacy for state CIP development and communicating progress of Blueprint to stakeholders

Increased ability to implement Blueprint/CIPs

Increased national mCPR

19

We analyzed dozens of hours of in-depth interviews to understand capacity building and data use strategies

Data collection and analysis followed qualitative best practices. Findings presented here are preliminary; data collection is ongoing and further results will be presented in a separate report.

Questions	Interviews	Analysis

Questions

1. **Technical Advisors** – How has their work at the FMoH/SMoH progressed? What are barriers/facilitators?

2. **Tools** – How have introduced tools helped with the implementation of the Blueprint/CIPs?

3. **Data** – How are data used in everyday decisions?

4. **Management skills** – Has a focus on leadership and management led to a stronger vision for FP?

5. **Workplans** – How are they developed and implemented at national and state levels? Are they effective?

Interviews

4   FMoH Family Health department staff

6   Lagos SMoH staff

8   Kaduna SMoH staff

5   TSU staff – Federal & state levels

2   Track20 staff – Federal & state levels

2   CHAI staff – Federal level

Additional interviews to be added with NURHI 2

27   **in-depth interviews (45-90 minutes)**

Analysis

▸ **Coding** – Interviews transcribed and duel-coded using Atlas.ti

▸ **Analysis** – Thematic content analysis conducted to identify key themes and representative quotations

▸ **Secondary data** – Study results triangulated with other data sources and analyses to understand the role of CB within the wider portfolio of BMGF FP investments

Summary dashboard: Capacity building qualitative study

BMGF-supported government capacity building strategies contributed to improve GoN capacity and data use for programmatic decision-making, and to make full use of CIPs to achieve FP goals.

Is GoN capacity increasing? Why? Why not?

Yes

GoN capacity building was observed by both those providing and receiving it, at the federal and state levels.

Areas of growth include: self-efficacy, FP logistics, IT/M&E, data analysis skills, and coordination.

How are data used for decision-making?

Data are used to…	‣ Plan programs ‣ Monitor program performance ‣ Make informed recommendations
Data are not used because…	‣ Non-availability of data ‣ Gaps in data sources ‣ Limited private sector data ‣ Results may be contentious

CIPs & workplans: How are they used?

1. Plan FP activities
2. Monitor program progress
3. Collaborate with stakeholders

= ⬆ Increased organization, facilitation, and confidence in GoN staff work

GoN capacity increased through planning and support

Self-efficacy

Self-efficacy has grown, stemming from training in skills, planning, program implementation, strong leadership, and recognition of work well done

Structure building & ownership of FP program

Skills in IT, M&E, plan development

"The importance of their job has changes... the way they... see engagement with other players within the family planning space has changed… the way they organize things in terms of process and procedures… before… they will just go for a meeting… they may not know what the deliverables are. But now… they will perfectly plan it and know that this is what the aim, the objective and this is what they aim to achieve." – Technical Advisor

"Some of us have been exposed to many of these trainings that it has made us focus… as given you a new a new instrument, a new knife to go to farm." – FMoH Staff

Coor-dination

FP logistics

The provision of logistic support to gov't staff and programmatic supply have made a difference to the quality of work performed and quality of care in FP

Skills in data-use tools

"…there was… not… enough chairs to sit on – maybe only one chair – apart from my own. And even that one chair was provided myself. So you can now imagine what happened to my subordinates. Two or three of them, a time there was, they were sharing a single chair. So how do you expect them to work and be productive? So working with TSU, we identified all these needs and we were able to over a period of time meet them. At least our offices are fairly conducive for work." – FMoH Official

"… you know, quite a few times we've helped in making sure that… they don't have stock outs." – Technical Advisor

Focus on skill development has grown GoN capacity

Skill development in IT, M&E, plan development (CIP & workplan), and implementation contributes to higher quality work and more confidence in gov't officials

Self-efficacy

Skills in IT, M&E, plan development

Skills in data-use tools

Structure building & ownership of FP program

FP logistics

Coor-dination

"TSU has been providing me with a lot of technical support... I have an idea, we meet, we turn it into a concept… We have done a lot following that process on implementation of the… Blueprint. For instance, the CIP… we conceptualize… secure appropriate approval and… I was able to mobilize more partners (and) stimulate their interest." – *FMoH Official*

"And… just their general IT skills… a lot of them who may not even have opened a computer in a very long while you know, we've see them grow in that skill which is good for everything." – *Technical Advisor*

Skill development in using tools to analyze data and track progress; Excel was mentioned by many respondents as a notable improvement

"(National dashboard) has changed a lot of things. Because before, everything was manual… those days if you wanted to check how many people that were trained in LARC for instance… call the FP coordinator (and) look at her book… now (it) is electronic, she will just log in, feed in the figures… I can open it from here and see what is happening in River state, how many people they have trained in LARC,… and how, where it took place and who were resource persons, and of course who supported… so it has improve our work tremendously." – *FMoH Official*

"Another support… was they built our capacity in the area of Excel because some of us – in fact, we even develop our reporting tool by ourselves." – *SMoH Official*

Increasing stakeholder ownership creates achievement

Self-efficacy

Skills in IT, M&E, plan development

Skills in data-use tools

Structure building & ownership of FP program

FP logistics

Coor-dination

Capacity activities have also focused on building structure and creating ownership of the FP program

"The family planning unit now has a very solid structure. Initially, it was a one man or one woman thing, but now (there is) a unit head as FP coordinator and two program officers under her… they have direction. They have the work plan… they organize and lead meetings instead of being called for meetings by partners… So now state is determining when and how they should implement (an) activity." – Technical Advisor

"I think from the work we've done (they have) really improved their own ownership of the programs in their state… Historically, things… they couldn't visualize, they couldn't really see how all of the pieces were coming together… kind of enable them to have more interest in actually looking at the data, resolving challenges." – Technical Advisor

Increased coordination has led to wider stakeholder involvement and stronger buy-in

"Before we have the TSU, we were having that RH technical working group meeting maybe once or twice in a year maximum. It's a statutory meeting that should hold quarterly but there were no funds to support it… And the funding we are talking about is logistics, transportation and then venue. So, through TSU, we got Bill & Melinda Gates (Foundation)… to bankroll… our quarterly statutory meetings or national RH technical working group meetings… So, it enhances my coordination responsibility as the head of reproductive health for the country." – FMoH Staff

"The follow up really allows us to kind of bring the unit together to have the HMIS officer and M&E officer talking about the data and looking at the issues with data quality; poor reporting, the challenges, you know, just like even the missed reporting…So, even getting them to just look at the data for the first time was a major achievement for us." – Technical Advisor

Question 05b

How are data used for decision-making?

Informs sustainability and scale-up

Critical assumptions explored
- Strong measurement drives performance
- High quality data influence scale-up decisions

Analyses used
- Special study: Qualitative, in-depth interviews with key stakeholders

Theory of change

Key findings

Data are being used for planning and decision-making. All types of staff mentioned the availability of multiple sources of data – from both routine and survey sources. Slightly better access at higher levels of gov't. Data unavailability, "bad news" results, and gaps in data sources were mentioned as barriers to data use for decision-making.

Interviews identified how data are used for decision-making, as well as main barriers towards data use

Effectively collecting and using data is key to the Government of Nigeria's FP goals, and is part of three of the Nigeria TOC's critical assumptions tested by FP CAPE.

Data usage

Data are used to…

- ▸ Plan programs
- ▸ Monitor program performance
- ▸ Make informed recommendations

Data are not used because…

- ▸ Non-availability of data
- ▸ Gaps in data sources
- ▸ Limited private sector data
- ▸ Difficulty using "bad news" results

FP data is used for planning and decision-making

All levels of staff mentioned the availability of multiple sources of data – from both routine and survey sources.

Plan FP program	Monitor program performance and address issues	Make informed recommendations to facilitate better outcomes

"In (producing) the annual forecast for family planning commodity for the country, I rely on data and a few demographic assumptions…

Without data there is no way I can forecast what we need for… each year.

Based on that forecast, that we (develop a) procurement plan with UNFPA. If we do not have a reliable forecast, there is no way UNFPA can… take care of our commodity need, and that means we will run out of stock of commodity and the whole FP program will fail." – FMoH staff

"I receive automated reports on a monthly basis…and look at different things, you know tweak the data, …and get some recommendation.

So, there have been some facilities… that have been doing very well in service provision. Suddenly, for a particular month, I realize that there are no services here. So, I want to know what happened.

…Sometimes they don't have commodity for the whole …period. Some other time, the provider that is knowledgeable in LARCs has been transferred and there is no replacement.

So, it's a matter of – for me – to just contact the state. 'Please check so and so facility and make amend. I've found out that there is no provider in the facility. And it's a high volume facility.'

…I use data to troubleshoot a lot." – FMoH staff

"The bulk of our work is really the FP2020 estimates but we take it a step further to say: okay if you are not growing as fast as you should or you are not growing at all, what can you do differently?

So, we also do modelling… to help them identify… high impact activities that will drive their FP growth based on available resources …at the state level.

We used Kaduna as a pilot for that modelling, and we were able to come up with a key set of interventions that we feel Kaduna should invest their resources… give them an idea of how much growth each of those activities will give them towards meeting their goal." – Technical Advisor

28

However, there are also barriers that stand in the way of effective data use

There are still potential places for improving the quality of data-driven decision-making.

Lack of data	Private sector needs to provide better data	Results may be contentious	Gaps in current data sources

"There is still a limitation in availability of accurate data, you know, for monitoring programs.

Either, they are not available at all or they are not available in a timely manner." – Technical Advisor

"The only thing that I would have wanted was if we could really disaggregate… our monthly data to include all the private health facilities.

…And we are not getting sufficient data from the private.

…It's been difficult. Honestly, they are out there just to make profit." – SMoH staff

"The second area is contention among stakeholders.

When data does not speak to what you expect… You want to flare up and say: no, it's not acceptable to us.

We have seen partners rejecting some data. We have seen states. In fact, at a point in time the country also rejected NDHS – the 2013 NDHS – right? – to the point that Mr. President then had to set up a committee at the presidency that looked critically into – into the contentions on the data." – FMoH staff

"The dashboard does not capture all the indicators.

And in fact we've been working with CHAI and all other partners to expand the dashboard to be able to accommodate some of the indices or indicators that ordinarily I would love them reported." – Technical Advisor

Stakeholders noted CIPs organize and facilitate work

Costed Implementation Plans (CIPs) and workplans act as tools to monitor & plan for GoN activities, collaborate with stakeholders, and provide long-term vision for programs.

Build structure for implementing partners to plan their FP activities	Guide partners to monitor program progress	Invite collaboration with stakeholders

"(The CIP has helped) a lot in the sense that we are able to warehouse all activities. We are able to monitor what has been done against what has been pledged. We are able to plan for (the) subsequent three months.

It also has been serving as a medium for information and education of programmers (and)… policymakers.

And then, it has always been a good platform for decision – making for the honorable minister of health, to ratify or otherwise at the end of the day." *– FMoH staff*

"So,… now… all the implementing partners… ensure that their work plan fits into the CIP...

There's nothing we do now in FP programming in the state without first consulting the CIP because we believe that's the way to go in achieving the goal of attaining the seventy-four percent CPR by year 2020. So, it has really helped." *– SMoH staff*

"The CIP. It's like there is something we all are focusing on…

So the CIP is like a working tool for us in the sub TWG. And that – it has really put everybody on – on their toes." *– SMoH staff*

"I am confident that we could use the unified work plan to achieve our targets.

You know the FMoH is supposed to guide policy, provide guidelines and everything for every other person down the line.

The states could adopt – adapt and adopt some of those policies and guidelines." *– FMoH staff*

"At the end of the day, implementing the Blueprint involves donors, implementing partners, civil society organizations and some other key stakeholders." *– Technical Advisor*

CIPs and workplans were identified as high-impact tools to help advance Nigeria's FP objectives

FP stakeholders noted the effect of these plans as highly constructive.

Create confidence through clarity of expectation & execution	Develop attainable partner goals for CIP objectives due to appropriate levels of detail	Promote collaboration and cooperation

"People are very comfortable with (the workplan) because everybody knows what he or she needs to do at whatever point in time.

…An officer knows that he has to plan… and… get the necessary resources and ensures that it happens.

If it is commodity distribution,… the officer knows that at this particular point… we need to request for commodities, we need to distribute and the LGAs need to come and collect…these things.

If it is… a review meeting, there is a designated officer that is responsible." – SMoH staff

"It was with TSU support. …they (government staff) are always coming to me that… we can't achieve all these activities, we have more than three hundred and fifty something eh you know, activities mapped out in the original CIP document…

it was TSU that made me to realize we have to revise it to see those activities that will be quick wins for us as a state, and we now narrowed the work plan to just a year so that by the end of this year you know, we will be able to see what we have achieved." – SMoH staff

"They were appropriately and relevantly engaged, we never left any of our stakeholders behind, both from the Blueprint to costed implementation plan." – FMoH staff

A note on interpreting marginal effects

The next few analyses use pooled rounds of PMA2020 data to explore how different characteristics are associated with the probability that different outcomes occur.

Marginal effect calculations show how the probability of different outcomes (e.g. mCPR, non-use, use of a pharmacy for FP) change as different background characteristics, x, change.

We calculate marginal effects and their level of significance over different individual characteristics:

Age
Younger than 25 vs. 25 or older
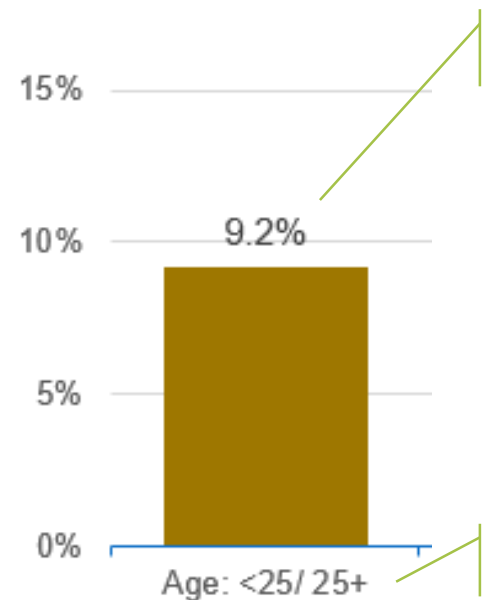
Education
None or primary vs. secondary

Marriage
Married vs. non-married

Parity
None or 1-2 children vs. 3+

Example outcome: Non-use of FP methods (Y)

Marginal effect size (a 9.2 percentage point increase in non-use)

This example shows that in the time period given, **non-use increases 9.2 percentage points as the sample goes from older** (25 years or older) **to younger** (younger than 25), significant at p<0.05.

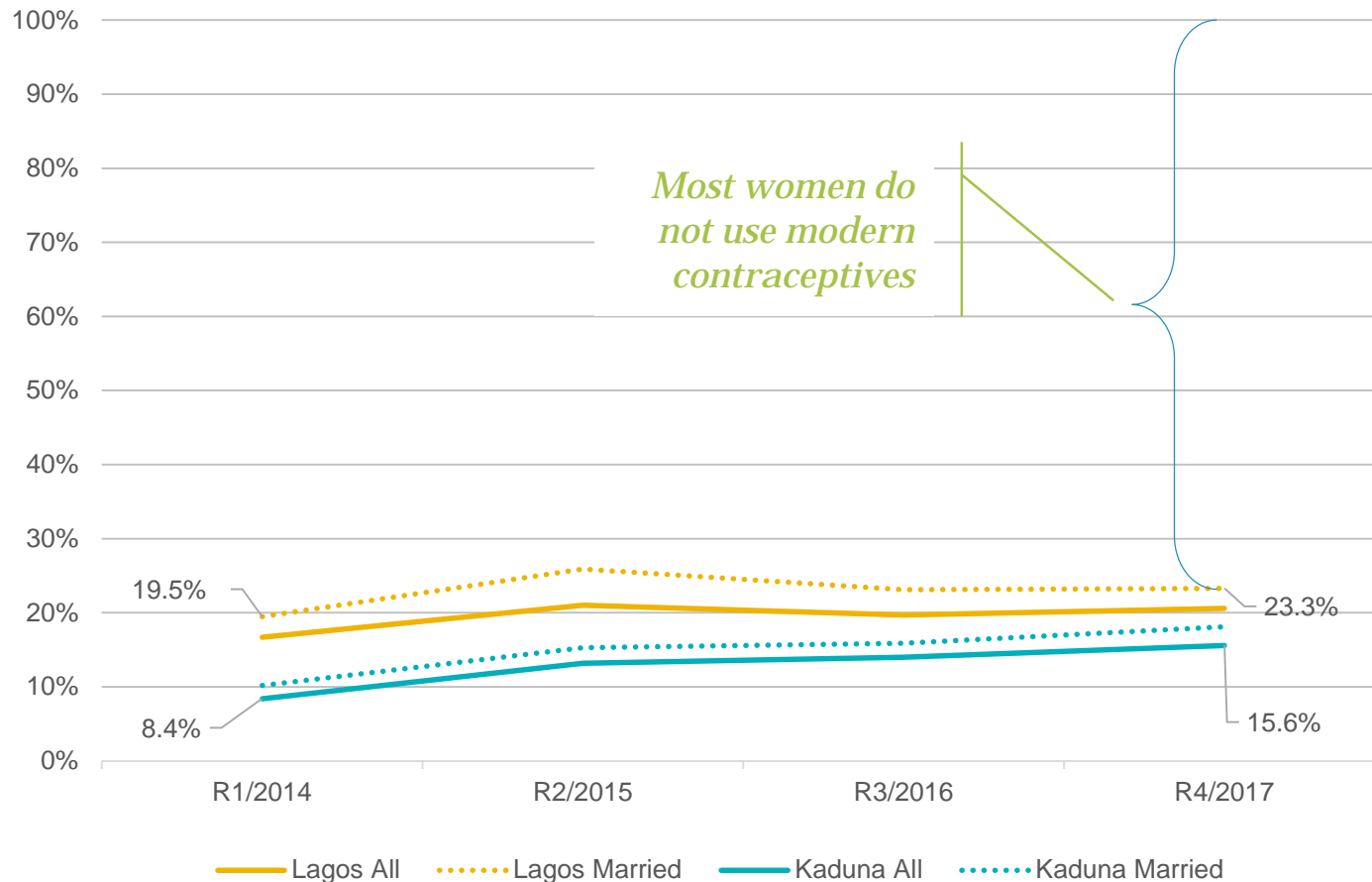*Marginal effect comparison: non-use of those <25 versus (indicated by "/") those 25+*

Level of significance identified through color

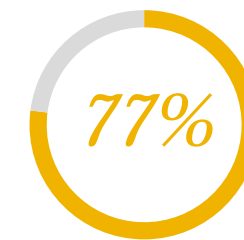p < 0.001   < 0.05   < 0.10   < 0.15   > 0.15

Most Nigerian women are still not using modern FP

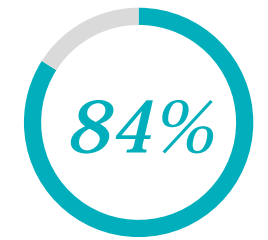*Despite high levels of unmet need, statewide use of FP is less than 25%.*

Modern contraceptive prevalence rate, Kaduna & Lagos 2014-2017

Most women do not use modern contraceptives

19.5%
8.4%
23.3%
15.6%

Legend: Lagos All — Lagos Married ···· Kaduna All — Kaduna Married ····

Axis labels: R1/2014, R2/2015, R3/2016, R4/2017

Non-use of FP is very high in Nigeria

77% Lagos non-users

84% Kaduna non-users

In both states, the likelihood of being a non-user is higher among:

‣ Less educated (borderline significance in Lagos)

‣ Low-parity women (0, 1-2 children)

Differing findings by state for age:

‣ Lagos: Women under 25 are <u>more</u> likely to be a non-user than older women

‣ Kaduna: Women under 25 are <u>less</u> likely to be a non-user than older women

35

Who are non-users in Lagos?

The profile of sexually active non-users in Lagos varies from Kaduna. This may have implications for program replication.

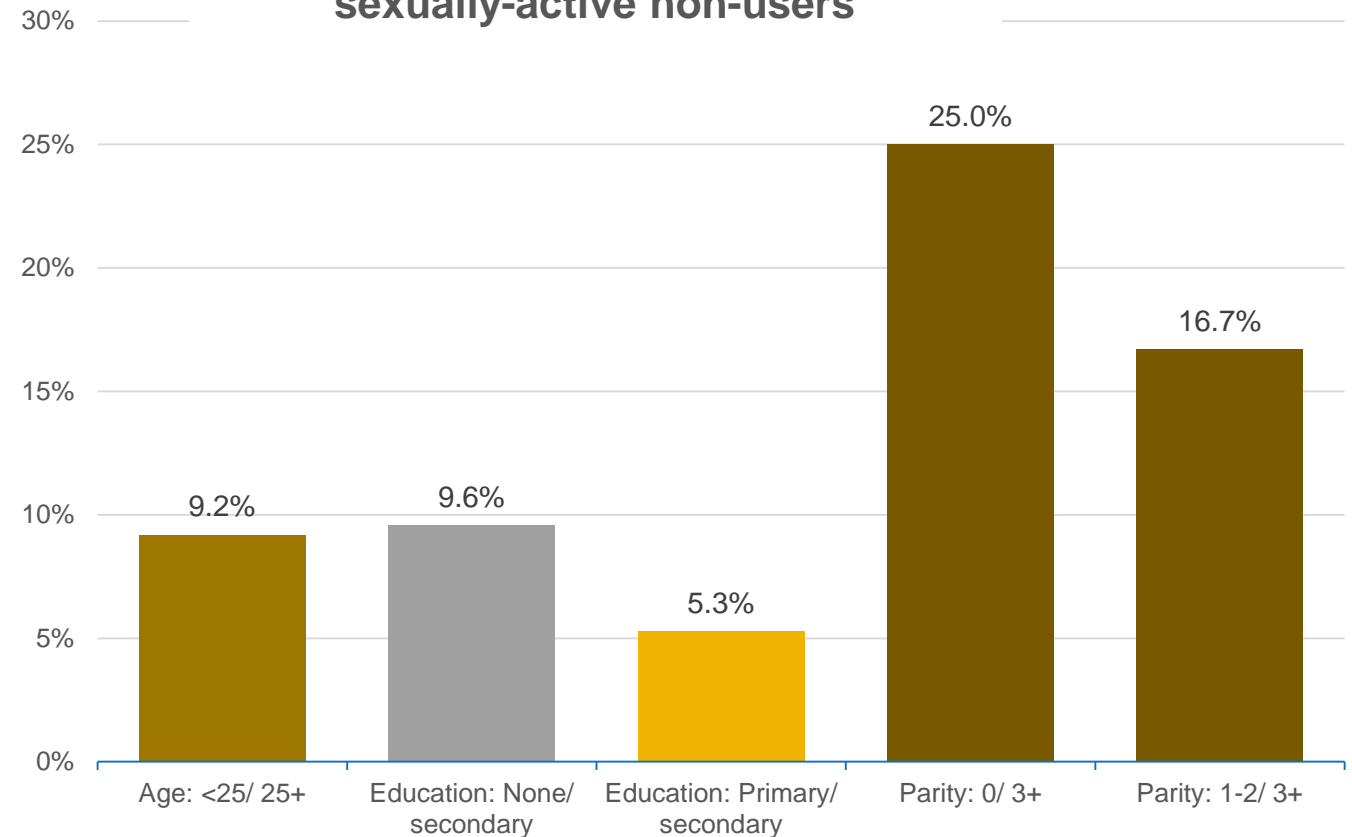**Marginal effect of time on non-use**

▲ 2.0%

p > 0.15

Insignificant increased likelihood of being a non-user over time in Lagos after correcting for changing population characteristics.

Who is more likely to be to be a non-user of family planning?

‣ Younger than 25

‣ Less educated

‣ 0 or 1-2 children compared to 3+

Marginal effects on probability of being sexually-active non-users

- Age: <25/ 25+ — 9.2%
- Education: None/ secondary — 9.6%
- Education: Primary/ secondary — 5.3%
- Parity: 0/ 3+ — 25.0%
- Parity: 1-2/ 3+ — 16.7%

Legend: p < 0.001 | < 0.05 | < 0.10 | < 0.15 | > 0.15

N=2,833
Note: Marginal effects expressed as percentage points
Source: PMA2020 Data (R2-R3 Lagos)

Who are non-users in Kaduna?

The profile of sexually active non-users in Kaduna varies from Lagos. This may have implications for program replication.
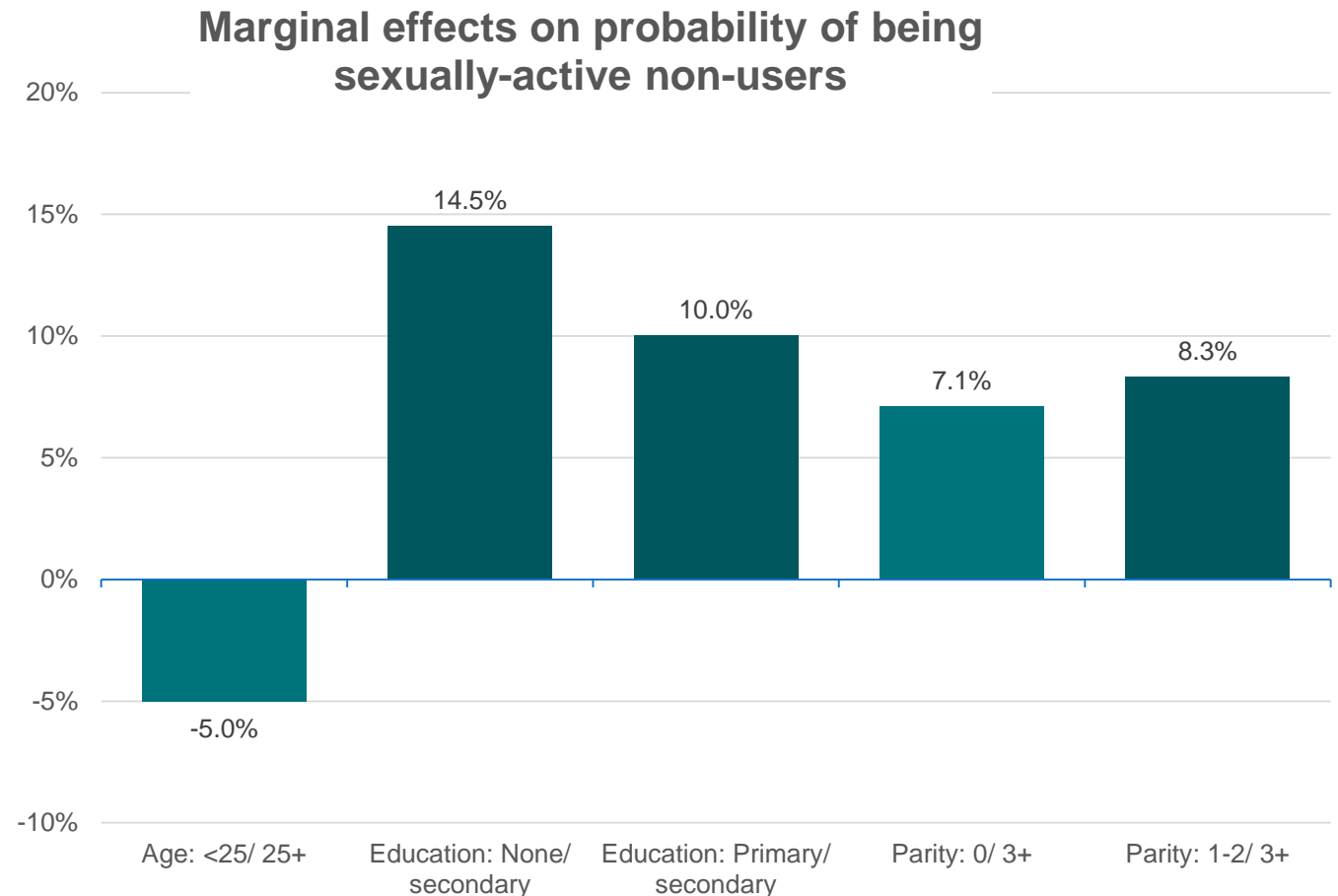
Marginal effect of time on non-use

▲ *2.9%*

p < 0.15

Insignificant increased likelihood of being a non-user over time in Kaduna after correcting for changing population characteristics.

Who is more likely to be to be a non-user of family planning?

‣ 25 years old or older

‣ Less educated

‣ 0 or 1-2 children compared to 3+

Marginal effects on probability of being sexually-active non-users

- Age: <25/ 25+ : -5.0%
- Education: None/ secondary : 14.5%
- Education: Primary/ secondary : 10.0%
- Parity: 0/ 3+ : 7.1%
- Parity: 1-2/ 3+ : 8.3%

Legend: p < 0.001   < 0.05   < 0.10   < 0.15   > 0.15

N=5,800
Note: Marginal effects expressed as percentage points
Source: PMA2020 Data (R2-R3 Kaduna)

37

FP messages are recalled by 2/3 of women in Lagos

A causal instrumental variables model did not find a significant effect of media exposure on the likelihood to use a modern method in Lagos with the current data available (through 2016).

Marginal effects of radio and TV exposure on mCPR use in Lagos, 2015-2016 (R2-R3)
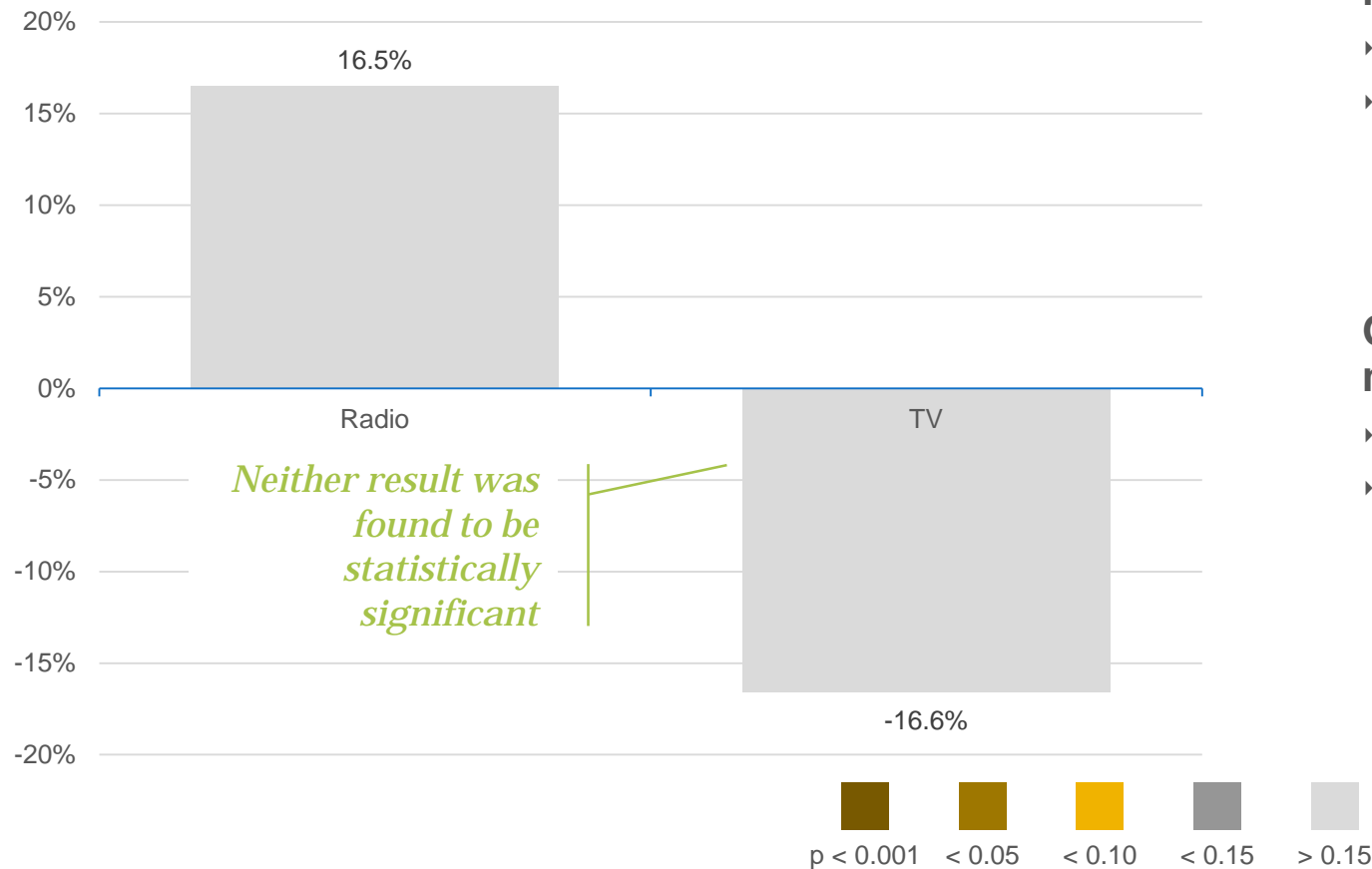
Modeling

‣ Lagos data is over two periods (R2-R3), 2015-16.

‣ All estimated marginal effects are not statistically significant (p > 0.16 and 0.51, for radio and TV respectively). A larger sample size in future evaluations may make any effect clearer.

Over half of women in Lagos report hearing FP messages in 2015-16 (R2-R3)

‣ 65.0% of women recalled TV FP messages

‣ 65.4% of women recalled radio FP messages

N=2,847 (radio); N=2,848 (TV)
Note: Marginal effects expressed as percentage points. Source: PMA2020 Data (R2-R3 Lagos)

Lagos is a challenging replication site for FP programs

The area is a diverse, mobile, densely populated, and mostly urban context.

Factor	Potential reasons	Potential actions
Mass media-based restrictions	‣ Restrictions surrounding marketing on mass media (e.g. airtime, youth-related content) ‣ High cost of media buy ‣ Limited capacity of media agencies & content developers, particularly for FP content	‣ Advocacy with GoN + regulatory agencies related to message barriers ‣ Continued capacity-building with media agencies on quality FP content development
Implementation issues	‣ Delays due to leadership changes in community associations & network organizations ‣ Difficulty recruiting & managing staff for social mobilizations (SMs)	‣ Encourage and find appropriate incentives for volunteer staff to reduce burnout
Cultural barriers	‣ Cultural barriers (e.g. myths about sexuality & contraception)	‣ Focus media messages on reducing commonly held myths
Newly implemented program	‣ Lagos is a replication site for NURHI 2 ‣ Less than a year of full-on media campaign implementation makes it difficult to assess program impact	‣ Social mobilization activities reached 78,650 people in Lagos during the last three months of 2017 ‣ Further implementation time and subsequent data waves needed to monitor impact over time

Grantees show increasing levels of coordination

Most new (added since December 2017) instances of coordination occurred between grantees, leveraging each other's expertise and resources to enhance program activities.

Other partners

USAID, UNFPA, WHO, World Bank, UN Population Division, DFID, FP2020, Society for Family Health, Population Council, FHI360, IntraHealth, Save the Children, Marie Stope International, 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, Tulane University, other non-BMGF partners, CSOs, and local advocacy collaborating groups

New partners (as of December 2017)

MacArthur Foundation, Planned Parenthood Federation of Nigeria (PPFN), PharmAcess Foundation, National Association of Patent and Proprietary Medicine Dealers (NAPPMED), Merck for Mothers, Comic Relief, Health Strategy & Delivery Foundation, Management Sciences for Health

Legend
- 🟡 BMGF grantee/ partner
- 🟢 Non-BMGF partner
- ── Existing connection
- ── New connection

42

23 government agencies connect to 16 BMGF grantees

Enabling environment grantees have the most connections to government. Model testing and learning grantees have an opportunity to increase their coordination with government agencies.

Most common types of grantee/government connections

▸ Meeting/event – 24
▸ Partnerships – 18
▸ Technical assistance – 15

Grantees reporting the most governmental connections

▸ NURHI2 – 13
▸ PMA2020 – 11
▸ ASG – 10

Grantees connected to the Federal or State Ministry of Health

▸ 12 (of 16) grantees

Enabling environment

Model testing & learning

Replication & scale-up

Grantees (BMGF grantee/partner): AFP, ASG, PACFaH, TSU, PMA2020, Track20, CHAI, NURHI2, PPFP, A360, MTV Shuga, DKT, Unilever, IntegratE, WRC, TCI

Gov't partners: Health Institutions Committee, NBS, NCWD, Commissioner for Health, FMoH, SMoH, FMoBP, PCN, NPopC, NYSC, SPHCDA, National Appropriations Committee, FMoWA, FMoYS, FMoLE, SMoBP, National Health Committee, FMoTI, FMoF, SMoI, NOA, School of HST, SMRRR

Legend
- ● BMGF grantee/ partner
- ● Gov't partner
- — Partnerships
- — Advocacy
- — Trainings
- — Technical Assistance
- — Meeting/Event

Note: Commissioner for Health, SMoBP, SMoH, SMoI, and the SPHCDA represent multiple states.
Source: BMGF PO interviews; SSM data, Grantee interviews, Grantee documentation/ monthly updates

43

The Federal MoH connects with most grantees

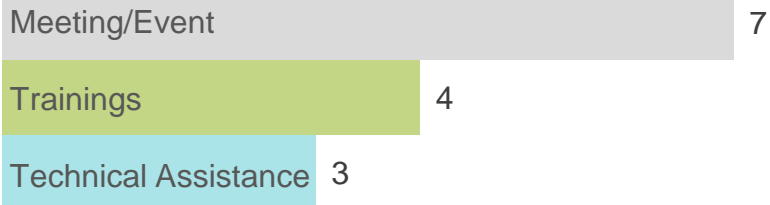*The FMoH connects to a wide variety of grantees in all spaces except for model testing and learning. Many grantees have multiple types of connections to the FMoH.*

BMGF grantees connected with FMoH

Enabling environment

Model testing & learning

Replication & scale-up

Over half of model testing and learning grantees did not report connection with the FMoH

Most cited connection types

Meeting/Event	7
Trainings	4
Technical Assistance	3

Most connections with FMoH

NURHI 2
- Partnerships
- Advocacy
- Meetings

CHAI
- Trainings
- Technical assistance
- Meetings

Legend
- BMGF grantee/ partner
- Gov't partner
- Partnerships
- Advocacy
- Trainings
- Technical Assistance
- Meeting/Event

Network nodes: AFP, A360, WRC, ASG, Unilever, CHAI, TSU, DKT, Track20, IntegratE, TCI, MTV Shuga, PPFP, NURHI 2, PACFaH, PMA2020, FMoH

Appendix

45
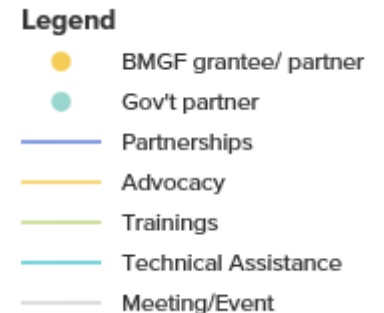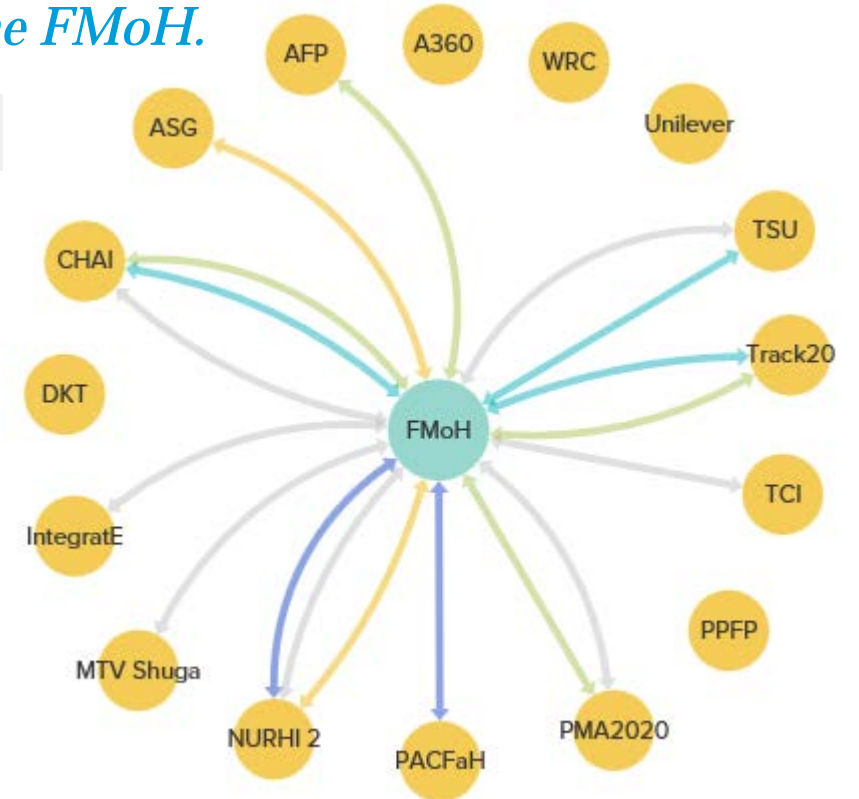
The purpose of FP CAPE

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

Mechanisms of action

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

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

Context & interaction

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

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

Design features

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

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

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

Indicators are used to monitor whether expected changes are happening within the FP portfolio.

Primarily quantitative data

Indicators are tracked over time in order to give an understanding of changes while FP portfolio programming is occurring.

Updates
‣ Occur every 6 months
‣ Or as frequently as indicator is updated/new data is available
‣ Indicators are tracked over time

Bottom-Up Inquiry

Bottom-Up Inquiry is used to qualitatively understand the portfolio of programs related to FP.
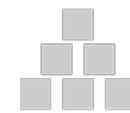
System support mapping

BMGF Program Officer & Grantee interviews

Systematic document review

By identifying themes of inquiry, the information identified is used to validate or adjust the theory of change (TOC).

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 semi-annually 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
AYSRH	Adolescent and youth sexual and reproductive health
BMGF	Bill & Melinda Gates Foundation
CB	Capacity building
CHAI	Clinton Health Access Initiative
CHEW	Community health extension worker
CIFF	Children's Investment Fund Foundation
CIP	Costed Implementation Plan
CPR	Contraceptive prevalence rate
CSO	Civil society organization
DFID	Department for International Development
DKT	DKT International
DMPA-SC	Depot-medroxyprogesterone acetate(Sayana® Press)
DRC	The Democratic Republic of the Congo
FMoBP	Federal Ministry of Budget and Planning
FMoF	Federal Ministry of Finance
FMoH	Federal Ministry of Health
FMoLE	Federal Ministry of Labor and Employment
FMoTI	Federal Ministry of Trade and Investment
FMoWA	Federal Ministry of Women's Affairs
FMoYS	Federal Ministry of Youths and Sport
FP2020	Family planning 2020
FP	Family planning
FP CAPE	Family Planning Country Action Process Evaluation
GoN	Government of Nigeria
Gov't	Government
HMIS	Health management information system
IT	Information Technology

LARC	Long acting reversible contraceptive
LGA	Local Government Area
mCPR	Modern contraceptive prevalence rate
M&E	Monitoring and evaluation
MNCH	Maternal, newborn, and child health
NAPPMED	National Association of Patent and Proprietary Medicine Dealers
NBS	National Bureau of Statistics
NCWD	National Center for Women Development
NDHS	Nigeria Demographic and Health Survey
NPopC	National Population Commission
NPT	National Provider Training
NURHI2	Nigerian Urban Reproductive Health Initiative
NYSC	National Youth Service Corps
PACFaH	The Partnership for Advocacy in Child and Family Health
PAI	Population Action International
PCN	Pharmacists Council of Nigeria
PHC	Primary Health Care
PMA2020	Performance Monitoring and Accountability 2020
PO	Program Officer
PPFN	Planned Parenthood Federation of Nigeria
PPFP	Post-partum family planning
PPMV	Proprietary patent medicine vendors
RH	Reproductive health
RHTWG	Regional Health Technical Working Group
SFH	Society for Family Health
SM	Social mobilization
SMoBP	State Ministry of Budget and Planning
SMoH	State Ministry of Health

List of abbreviations continued

SMoI	State Ministry of Information	**TOC**	Theory of change
SMRRR	State Ministry of Reconstruction, Rehabilitation, and Resettlement	**ToT**	Training of trainers
		TWG	Technical Working Group
SPHCDA	State Primary Health Care Development Agency	**UN**	United Nations
SSM	System support mapping	**UNFPA**	United Nations Population Fund
TA	Technical Assistance	**USAID**	United States Agency for International Development
TCI	The Challenge Initiative		
TS	Task-shifting/task-sharing	**VRBFP**	Voluntary Rights-Based Family Planning
TSP	Task-shifting/task-sharing policy	**WHO**	World Health Organization
TSU	Technical Support Unit	**WRC**	Women's Refugee Commission