REPORT

BMGF/ FP CAPE NIGERIA ANNUAL FAMILY PLANNING PARTNERS MEETING

VICTORIA ISLAND, LAGOS | FEBRUARY 20–22, 2018

INTRODUCTION

The 2018 Nigeria Annual Family Planning (FP) Partners Meeting was held February 21-22, 2018, in Lagos, coordinated by the Family Planning Country Action Process Evaluation (FP CAPE) Project, and under the overall guidance of the Bill & Melinda Gates Foundation (BMGF). Newly added this year was a FP Partners Cross-Learning Day pre-meeting on February 20, 2018 to address specific and cross-cutting topics of interest. The larger two-day meeting included stakeholders within the BMGF FP partnership, government participants from the Federal Ministry of Health (FMOH), and Kaduna and Lagos State Ministries of Health (SMOHs).

FAMILY PLANNING PARTNERS CROSS-LEARNING DAY

The objectives for the cross-learning day were to:

1. Promote portfolio-wide collaboration and exchange information;
2. Enhance grantee knowledge and tools to help support project implementation;
3. Generate critical questions and productive discussion to carry forth into the 2-day Annual FP Partners Meeting; and
4. Where relevant, identify solutions to persistent and common challenges.

Dr. Sian Curtis and Ms. Rodio Diallo discussed presentations for the meeting.

About 35 participants attended the FP Partners Cross-Learning Day. **Ms. Rodio Diallo**, Senior Program Officer, BMGF, welcomed all the grantees and coordinated introductions. Afterwards, **Dr. Siân Curtis**, Director, FP CAPE, presented the agenda and objectives for the day.

Three mini-sessions were presented:

1. The **Demographic Dividend in Nigeria**: **Dr. Sada Danmusa**, Technical Support Unit (TSU), presented the Demographic Dividend Model (DemDiv), a policy analysis tool that demonstrates how combined changes in family planning, health, education, and the economy can potentially improve economic growth and well-being. The advocacy tool is intended to be used for mobilizing investment across sectors.
2. ***Voluntary Rights-based Family Planning (VRBF)***: **Ms. Kaja Jurczynska**, Palladium International, discussed how a VRBFP approach can improve access and quality of FP service delivery using findings from a model project implemented in Kaduna. The key to an effective VRBFP approach is to integrate rights across all levels of programming (policy, service delivery, community, individual).
3. ***Data Use Opportunities***: **Dr. Adebiyi Adesina** and **Dr. Adenike Jagun's,** Track 20**,** presentation triangulated various data sources to show progress on contraceptive use globally (including quality, equity and impact), and how it can be an advocacy tool for resource mobilization, monitoring and improving program focus and efficiency. The presentation provided an opportunity for collaboration with Track20 on potential sub-national analysis.

After the content presentations, **Ms. Rodio Diallo** facilitated the last session on "final thoughts" which covered feedback from participants on the surprises, persistent challenges, and promising actions/solutions. To close, participants suggested topics that could be covered at the 2019 meeting, including adolescents FP needs, private sector including Patent and Proprietary Medicine Vendors (PPMVs), traditional FP users, operationalizing the Task Shifting Policy (TSP), and post-partum FP (PPFP) especially for first time parents. It was also suggested that the cross-learning meeting should be a full day event.

ANNUAL FP PARTNERS' MEETING

The purpose of the second Annual FP Partners' Meeting was to review and discuss FP CAPE's findings on the family planning (FP) portfolio of investments in Nigeria over the past year with the aim of ensuring the accomplishment of portfolio objectives, and to provide the opportunity to share learning and promote synergy amongst partners.

The specific objectives for the 2018 FP Partners' Meeting were to:

1. provide an update on BMGF FP investments in Nigeria;
2. present and reflect on FP CAPE's annual evaluation findings of the BMGF Nigeria FP investment portfolio;
3. engage in a collaborative process to prioritize implications of findings and suggest updates to the portfolio Theory of Change; and
4. identify key directions forward in developing and promoting exchange and coordination among grantees.

Representatives of BMGF, FMOH and Lagos SMOH, and MSD for Mothers gave short speeches to open the meeting.

Over 60 people attended the meeting, including representatives from the Federal Ministry of Health, Kaduna and Lagos States Ministries of Health, BMGF, and partners, including MSD for Mothers, Advance Family Planning (AFP)/Pathfinder, Adolescent 360/Society for Family Health (SFH), Africapractice, Albright Stonebridge Group (ASG), Emir Project/dRPC, DKT/Sayana Press, DKT/Customer Care, Nigeria Focal Point Civil Society Organizations (CSO), IntegratE/SFH, MTV Shuga/Staying Alive Foundation, National FP Dashboard/ CHAI, Nigerian Urban Reproductive Health Initiative 2 (NURHI 2)/JHU-CCP, Partnership for Advocacy in Child and Family Health (PACFaH)/AAFP, PACFaH/dRPC, PACFaH/PSN, Performance, Monitoring and Accountability (PMA2020)/JHU, Post-Pregnancy Family Planning (PPFP) in Lagos/JHU-CCP, Technical Support Unit (TSU)/Palladium, The Challenge Initiative (TCI)/JHU-CCP, Track20/Avenir Health, Unilever UK Central Resources, Voluntary Right-Based FP in Nigeria/Palladium, and Women's Refugee Commission (WRC).

DAY ONE – WEDNESDAY, FEBRUARY 21, 2018

Session 1 – Welcome and introduction

Dr. Paulin Basinga welcomed participants

The official opening of the FP Partners Meeting was held in the Victoria Room, Lagos Continental Hotel, beginning with introductions and short speeches by **Dr. Paulin Basinga**, BMGF Nigeria Country Office Director, **Dr. Adebimpe Adebiyi**, Director, Family Health, FMOH, **Dr. Mary-Ann Etiebet**, Executive Director, MSD for Mothers, **Dr. Ado Zakari Muhammed**, High Commissioner for Health (HCH), Kaduna, **Dr. Modele Joyce Okunkiyesi**, HCH, Lagos, **Ms. Rodio Diallo,** Senior Program Officer, BMGF and **Dr. Siân Curtis**, Project Director, FP CAPE.

Dr. Paulin Basinga welcomed participants and emphasized the government leadership, and how BMGF and grantees are working together to support the government in achieving national FP objectives. **Dr. Etiebet** highlighted MSD's interest in cross-partner learning with an emphasis on the private sector to tackle unmet need for contraception. Remarks by the FMOH and the State MOH highlighted the support received from BMGF and their priority areas towards the achievement of the mCPR target.

Ms. Rodio Diallo introduced grantees by their organizations/projects. She also recognized Kaduna and Lagos government participants. **Ms. Rodio Diallo**, introduced the facilitators of the meeting, while **Dr. Siân Curtis**, presented the meeting's objectives and walked participants through the agenda.

Session 2 – Portfolio overview & gallery walk

Ms. Rodio Diallo began the session with a presentation that updated participants on the overall BMGF family planning portfolio of investments, the strategic priorities for 2018–2020, and its alignment with Nigeria's FP2020 commitments. After, there were three-minute "flash talks" by six relatively new and expanded grantees, using pre-developed posters to communicate their area of focus and areas for potential collaboration. This was followed by a coffee break during which participants were invited to take a "gallery walk" to visit the posters developed by each grantee. (*See **Annex A** for all the posters presented at the meeting*)

Meeting participants enjoyed the "gallery walk" of posters

Session 3 – Presentation of FP CAPE results

The third session included the presentation of portfolio-level findings by **Dr. Siân Curtis** where she discussed the findings according to the three areas of the Theory of Change (TOC), including enabling environment, demand generation and service delivery. Overall, findings ranged by area from positive to mixed. In the enabling environment, positive government leadership and commitment to FP at the national level were observed while there were mixed results on the release of funds by the government and persistent barriers to data use. For demand generation, Kaduna maintained moderate levels of program exposure, and reported an increase in mCPR. However, in Lagos, while women's exposure to FP messages showed an increase, mCPR remains flat, and the method mix remains skewed towards short-acting methods. Intention to use FP increased among youth and women in both Kaduna and Lagos. For service delivery, access to FP improved in Kaduna and Lagos, however, quality remains an issue in both states. There are low levels of use of Sayana® Press compared with other methods in both states. The presentation on findings set the focus for the group work in sessions 4 and 5.

Session 4 – Small group work: individual and small group reflections on findings

The objective of this session was to elicit initial reactions to the FP CAPE results using a set of question prompts. The session required that grantees self-select into one of three TOC areas, ensuring that each group was sufficiently representative of grantees. Government representatives formed their own group, facilitated by TSU and ASG, to have their perspective cut across all TOC areas.

The grantees responded to the following questions:

1. What did you find surprising or most important/interesting in the findings about this TOC area?
2. How is it related to your own work?
3. What does it mean for others' work across the portfolio?

The government representatives responded to the following questions:

1. For each TOC area, what did you find most surprising/interesting in the findings?
2. What are the implications at the national level?
3. What are the implications at the state level?

Session 5 – Small group work: individual and small group reflection on findings (*continued*)

Session 5 included **a continuation of the previous discussion by participants groups with question prompts as follows**:

1. Thinking about these findings and implications, is there anything you and /or another partner should do differently?
2. Do you need more information to move forward? If so, what do you need to know?

The rest of the session and evening were devoted to finalizing and writing up thoughts and responses to the group discussion questions for presentation on the second day.

DAY TWO – THURSDAY, FEBRUARY 22, 2018

Session 1 – Small group report out from Day One

Dr. Emmanuel Adegbe recapped Day One and walked participants through Day Two's agenda

The second day of the meeting began with a recap of Day One by **Dr. Emmanuel Adegbe**, FP CAPE Nigeria Country Representative, and a review of the second day's agenda**.**

Representatives from each group reported on their discussions the previous day. Each report out was followed by a participatory question and answer session. The last group to report out was the government group, who responded to questions that emerged from the other presentations while providing a strategic and harmonized perspective. The group report outs are summarized in ***Annex B***.

Session 2 – Identification of portfolio-level gaps and opportunities

Dr. Siân Curtis and **Dr. Emmanuel Adegbe** introduced the activity for this session which required participants to identify perceived gaps and potential opportunities at the portfolio level that can be explored to improve the investment outcomes. **This session used the existing TOC groups and the following set of question prompts**:

1. Select your group's top three recommendations of actionable changes/solutions for your TOC area.
2. Are there any cross-cutting actions or additional opportunities for collaboration that would accelerate mCPR growth? This could be from another TOC area or another partner, or government.
3. What are 1–3 "burning" questions that would help your TOC area move forward more quickly?

Feedback from the responses to these questions were written on flip charts and discussed in the larger group facilitated by **Dr. Siân Curtis.** The findings were subsequently aggregated into a template showing the gaps and/or burning questions, and actions required. (*See **Annex A** for the detailed gaps and opportunities identified*)

Session 3 – Panel discussion on "where do we go from here?" & closing remarks

The last session synthesized priority areas for the future based on lessons learned during the group discussion of portfolio-level findings.

Some common **themes and areas of focus for the future that emerged from the meeting include**:

1. The upcoming expiration and need to revise state costed implementation plans (CIPs). Revisions should include an eye towards integration of VRBFP.
2. A focus on PPMVs, especially among newer grants.
3. Focusing on PPFP and, in particular first time (young) mothers.
4. The need to increase coordination among grantees (e.g., sharing workplans to see where overlaps/areas for collaboration exist, share data and findings).
5. Requests for mapping what grantees and other FP partners are doing and where, by state.

In the final remarks, **Dr. Mojisola Odeku**, Portfolio Director, NURHI 2, represented the grantees and thanked the government representatives, the BMGF and FP CAPE for the outcomes of the meeting and reiterated the commitment of grantees to work in a more coordinated approach. **Dr. Siân Curtis** and **Ms. Rodio Diallo** expressed their appreciation for the active participation during the meeting and emphasized the priority areas discussed during the meeting. The final remark was given by **Dr. Adebimpe Adebiyi**, Director, Family Health, FMOH, who provided a synopsis of all the identified gaps, opportunities and priorities for the government, and how the FMOH intends to take leadership to address unmet FP needs. She thanked the partnership for the overall support and success of the annual meeting.

The annual meeting closed with participants completing the evaluation form for the meeting. (*See **Annex B** for the evaluation results*)

Participants exchanged ideas and discussions at the meeting

KEY MEETING OUTPUTS/ ACTION ITEMS

TOC area	Key action items / changes
Enabling environment	*Costed Implementation Plans* ▪ Prioritize CIP development and implementation. ▪ Partners and government to collaborate to strengthen capacity of FP managers to develop strategic (i.e. prioritized), evidence-based CIPs and manage their execution, including identifying and using appropriate data to track progress. ▪ Federal and state governments to streamline planning process for the health strategic development plans and FP CIPs to reduce duplication of efforts and wastage of scarce resources ▪ Grantees to support SMOH/FMOH to ensure work plans fit into the revised CIPs; grantees more accountable to CIPs. *Advocacy and Funding* ▪ Review FP advocacy targets/ approaches and tailor FP messages based on current evidence to identify new target audiences and to ensure the messages fits with local context, including practice of "one voice" advocacy for budget allocation/ release, and state-level advocacy to mobilize state's participation and resources for development/ review of CIPs ▪ Improve transparency between Government and partners on budget allocation and budget release for FP activities/ programs ▪ Encourage public-private partnerships to enable private sector to support important health/ FP activities in exchange for tax incentive *Policy* ▪ Support states to domesticate the Task Shifting Policy (TSP) in coordination with other relevant FP partners working in target states. ▪ Revise policies around adolescent and youth sexual and reproductive health (AYSRH) services to remove barriers to youth's access to facilities, and to provide an enabling environment to protect public and private FP providers offering FP services to young people *Data use* ▪ Improve data harmonization, coordination and use at FMOH/SMOH levels and across grantees for decision making; work more closely with Track20 to facilitate turning data to action and agree on and institutionalize common data points (e.g. FP2020 annual estimates).
Demand generation	▪ Domesticate the national FP communication plan, including a specific focus on youth Rephrase the term "family planning" to make it more acceptable within target group and communities ▪ Tailor FP messages to be relevant at different life stages of women of reproductive age and men. Develop and implement communication strategies to support parents/caregivers in providing age-appropriate sexuality education to their children. Increase the use (and tracking) of social media to generate FP demand among youth. ▪ Revise National Providers' Training Curriculum to reduce provider's bias against providing FP services to young people ▪ Engage social mobilization officers, health educators, and ward development committees in identifying and encouraging women of reproductive age to receive FP in health facilities

TOC area	Key action items / changes
Service delivery	*PPMVs* ▪ Set up systems to monitor quality of care provided in PPMVs. ▪ Conduct mapping and audit of PPMVs to identify who is doing what? and who is registered or not ▪ Engage PPMVs through their associations to ensure they follow government regulations in service provision and reporting *Community Health Extension Workers* ▪ Encourage states to take the lead in conducting FP outreach and supportive supervision: ▪ Scale up interpersonal, communication and counseling training for the CHEWs in the context of the maternal, newborn, and child health (MNCH) continuum of care ▪ Supervise to ensure that the CHEWs spend the adequate number of hours in the communities. *Commodity Security* ▪ Advocate federal and state government to fund supply chain and Last Mile Distributions (LMDs) to ensure local procurement less dependent on federal supply ▪ Include Logistics Management and Information system (LMIS) in National FP Dashboard to support proactive management of commodities. *Access and Quality* ▪ Support dissemination of the DMPA-SC strategy ▪ Review existing FP checklist and integrate quality of care (QOC) questions permanently; strengthen supportive supervision and training on quality and rights.
Coordination & Scale-up	▪ Government to lead partner coordination beyond quarterly meetings ▪ Conduct regular mapping of partners and resources ▪ More cross sharing/learning across projects, disseminate findings, share data, take learning to the next level. ▪ Create and disseminate a clear protocol for partner engagement at state level, specifically a) how to engage with state government (letter), (b) debt sustainability analysis (DSA) alignment, (c) not paying extra incentives

ANNEX A: Grantees' posters

At the meeting, grantees had the opportunity to present major accomplishments over the past year in a poster. The poster featured a brief introduction about the project, key achievements and challenges the grantee experienced, as well as innovative solutions that the grantees had to overcome the challenges or to improve their interventions. The grantees also shared opportunities that could help them better meet their goals as well as top 3 recommendations to the F/SMOH.

This section features all the posters presented at the meeting.

Adolescent 360 (A360) Project Nigeria

Society for Family Health

Introduction

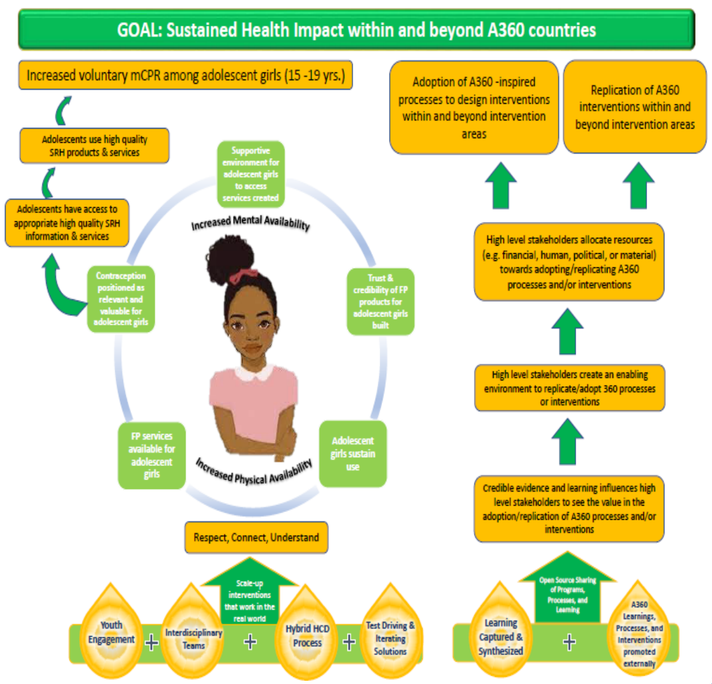
Adolescent 360 (A360) is a Bill and Melinda Gates Foundation (BMGF) and Children Investment Fund Foundation (CIFF) supported project in Nigeria, Tanzania and Ethiopia.

The Goal of A360 is to breakdown barriers to voluntary use of contraceptives by adolescent girls aged 15–19, thereby increasing access and the modern contraceptive prevalence rate (mCPR).

The project used a multidisciplinary approach of Social Marketing, Public Health, Human Centered Design, Anthropology, Brain Science and Youth Engagement to design the ***9ja Girls Program*** that will support the Government of Nigeria's agenda to achieve a Contraceptive Prevalence Rate (CPR) of 27% by 2020.

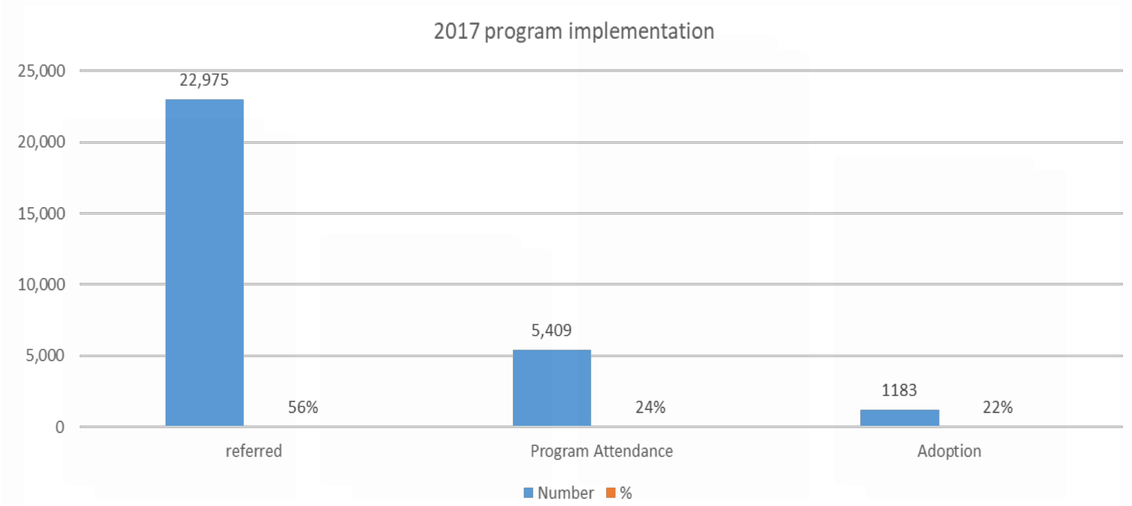
A360 implementation is in phases – Inception and Inspiration phase in year one, ideation and pilot phase in year two and implementation phase in year three and four. Nigeria is currently in the implementation phase.

A360 Nigeria implementation commenced roll out from the third quarter of 2017 and will continue until June 2020 across 10 states: Lagos, Oyo, Ogun, Osun, Delta, Edo, Akwa Ibom, Kaduna, Nasarawa and FCT.



Milestones

- Finalized a program design that is desirable to girls, scalable and sustainable in Nigeria
- Commenced implementation of the 9ja Girls program in Lagos, Oyo and Ogun states
- Reached a total of 5,409 girls with contraceptive information and 1,183 girls accessed contraceptive services through 9ja Girls System across the three states



Challenges

- Restrictive policies around providing contraception to adolescent 15–17 years, specifically the requirement for documented parental consent before uptake of contraception.
- Lack of space to dedicate to adolescents in some Primary Health Care Centers (PHCs) for Sexual and Reproductive Health (SRH) services.
- Incorporating the private sector in serving contraceptives to girls may be challenging as the ability to pay for contraception by adolescent girls is low.
- High cost of renovation and set up of dedicated space for adolescent girls in the health facilities

Program Innovation

Dedicated space for girls in primary health care centres with service delivery points (SDPs):

9ja Girl centers provide a youth-friendly, girls-only space, enabling the young women to speak freely and ask questions about SRH without feeling stigmatized.

Introduction of skills classes instead of just games:

In addition to learning about Life, Love and Health from trusted facilitators and providers, adolescent girls are also able to gain vocation skills that can help them become financially independent.

Youth engagement and partnership:

A360 engaged youths from the inception phase to conduct insight gathering, synthesis and design of implementation models. Youth partners now assist in program monitoring and data management.

Opportunities for Improvement

1. State Ministry of Health (SMOH) and the Primary Health Care Board (PHCB) provides dedicated and appropriately equipped space for adolescent girls in PHCs and Secondary facilities
2. PHCB hire providers to manage the adolescent spaces
3. Partner with the Ministry for Women's Affairs & Poverty Alleviation (WAPA) and the National Directorate of Employment (NDE) to better provide vocational skills.

Suggestions to FMOH/SMOH/PHCB

1. The FMOH should work with relevant stakeholders to review the SRH policy and legal age of consent for adolescents especially ages 15-17 to access all types of contraceptives.
2. FMOH/SMOH/PHCB take ownership of training FP Providers who are amenable to the provision of Youth Friendly Services for adolescents at the PHCs to facilitate sustainability.
3. Disaggregated contraceptive uptake data by age to help drive policy and program decisions for adolescents' SRH services in the country

Advance Family Planning

Pathfinder International

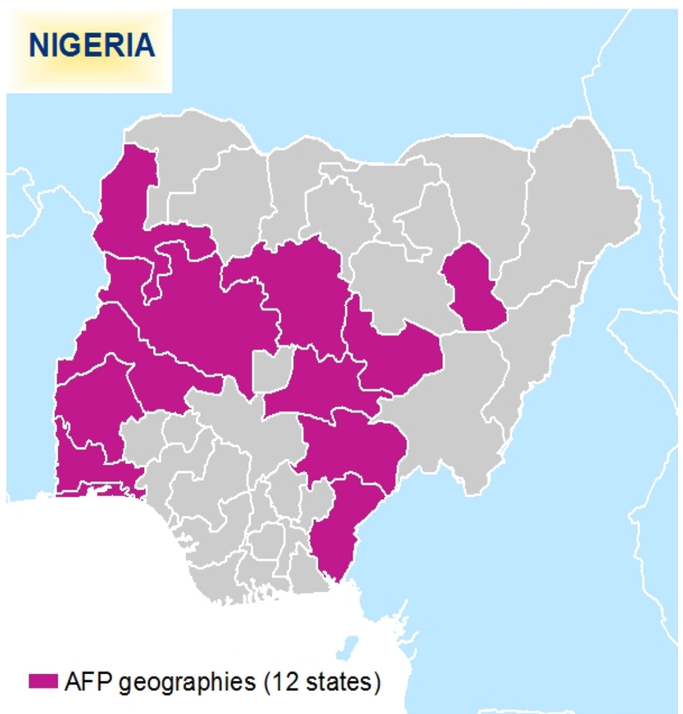
Introduction

Pathfinder International Nigeria, a global leader in reproductive health, is implementing the Advance Family Planning-Fulfilling the London Summit on Family Planning Commitments project in partnership with the Johns Hopkins University, with funding from the Bill and Melinda Gates Foundation.

Advance Family Planning (AFP) is an advocacy initiative that aims to provide support at the national and sub-national level in increasing financial investment and political commitments needed to ensure access to quality and voluntary FP through evidence-based advocacy

AFP Nigeria advocates for sustained family planning funding at the national, sub-national, and local government levels; expanded access through task-sharing; and youth access to family planning information and services.

In Nigeria, AFP works with local champions at the sub-national level to deliver advocacy messages to policymakers in 12 states, including: Benue, Cross River, Gombe, Kaduna, Kebbi, Kwara, Lagos, Nasarawa, Niger, Ogun, Oyo, Plateau.



Milestones

Increased Funding for Family Planning

- Six states released a total of 177.9 million Naira (US $573,870) from their 2016 and 2017 fiscal year (FY) budgets for family planning, specifically for contraceptive consumables (e.g., gauze, gloves, etc.) and provider trainings on long-acting reversible contraceptives (LARCs).
- 5 states – Nasarawa, Benue, Plateau, Niger, Cross-River – developed FP Costed Implementation Plan. The cost contained in the Blueprint was used to advocate to policy makers for budget increase.

Improved Access to Wider Range of Contraceptive Methods

- 5 states – Ogun,Oyo,Plateau, Kwara, Benue State – domesticated the task-sharing policy, joining other states with state-level policies.
- Supported the development of the National Sayana® Press scale up strategy.
- Inclusion of Sayana® Press in the public commodity procurement list of Federal Ministry of Health

Increased Visibility for Family Planning in the Media

- Media houses in Oyo, Kwara, Ogun, Lagos and Kaduna States committed to feature family planning stories in mainstream media

Challenges

1. Ensuring timely release of FP Funds where budget lines are available by Government and relevant ministries, departments and agencies (MDAs) is a challenge.

Program Innovation

A key partnership, or connection that was made last year have had positive impact on programming:

- On July 2017, the Executive Governor of Plateau State, Hon. Barrister Simon Bako Lalong fulfilled his statement of commitment by releasing US$ 25,125 (5 Million Naira) for implementation of RH/FP.
- This statement of commitment was made on the November 8th, 2016, at a meeting organized by the Gates Institute and representatives of Bill and Melinda Gates Foundation during the 2016 Nigeria Family Planning Conference in Abuja, Nigeria.
- Equipped with this statement of commitment by the Executive Governor and with support from Pathfinder International, the Plateau State Family Planning Advocacy Working Group made series of advocacy visits to key decision makers that eventually led to the 100% release of FP budgeted funds.

Opportunities for Improvement

Opportunities that can help AFP Nigeria meet its goals:

1. Build capacity of advocates/champions on resource mobilization
2. Involving high level dignitaries as FP champions and allies

Suggestions to FMOH/SMOH

1. Improvements in coordination and partnership at national and sub-national levels.
2. Commissioners of health to prioritize FP and make budget provisions, but fund release in the face of scarce resources is at the discretion of the Governor.
3. More engagement with state level program managers to help advance the outcomes of our advocacy efforts to the next level.
4. Address issues around bureaucracy and lack of transparency in terms of budgetary allocation and releases.

Nigeria Advocacy Engagement

Albright Stonebridge Group LLC (ASG)

Introduction

Albright Stonebridge Group (ASG) serves as a partner to the Bill and Melinda Gates Foundation (BMGF)'s Global Policy and Advocacy team in accelerating its Family Planning (FP) advocacy and implementation efforts at both the Federal and State levels, with a focus on Lagos and Kaduna States.

Our role is to

- **support advocacy efforts and facilitate high-level engagement** with the goal of promoting the importance of FP to Nigeria's social and economic development.
- **work in close coordination with BMGF and its FP grantees** to catalyze the Foundation and its partners' ability to engage with government stakeholders and influencers to secure desired advocacy goals and targets.

We provide support to the Foundation and its FP partners in engaging critical stakeholders to raise the profile of FP as a development priority, monitor the progress of legislation addressing FP in Nigeria, and support the Foundation in public discussions and communications with government officials in line with its in-country FP strategy.

Our government engagement efforts are targeted at the Federal Government, including key ministries, departments, and agencies (MDAs), and more recently we have been focused on advocacy efforts to the National Assembly. We also provide advocacy and engagement support in Lagos and Kaduna States.

Milestones

- ASG built and strengthened relationships with high level stakeholders within the National Assembly. These include:
  - Senator Lanre Tejuoso
  - Honorable John Okafor
  - Honorable Betty Apiafi
- ASG staffed and facilitated a number of meetings with high level stakeholders in the Federal Government and in the Foundation's priority states. Stakeholders engaged include:
  - The wife of the President
  - The Vice President of Nigeria
  - The wife of the Vice President
  - The Minister of Health;
  - The Minister of State for Health
  - The Minister of Budget and National Planning;
  - The Minister of Trade, Industry, and Investment
  - The wife of Delta state Governor
  - The Kaduna State Governor
  - The Lagos State Commissioner of Health.
  - The special adviser to the Governor of Lagos State on Public Health Centers Alhaji Aliko Dangote
  - Senator Bukola Saraki, Senate President
  - Emir Lamido Sanusi
- ASG supported TCI Nigeria in the development of its strategy to scale up the NURHI model across three states: Ogun, Delta, and Kano.
- ASG in collaboration with other FP grantees supported the domestication of the Task Shifting and Task sharing Policy in Lagos State.

Challenges

- Lack of collaboration and strategic coordination amongst grantees and partners
- Difficulty accessing accurate budget disbursement information from the Ministry of Health
- Resistance from professional groups to new initiatives at the state level

Program Innovation

Importance of continuous communication
We have repeatedly learned that continuous efforts to engage key stakeholders leads to stronger advocacy outcomes than does one-off engagement. Examples include:

- Last-minute stakeholder engagement:
  ASG successfully secured several high-level meetings with government stakeholders despite short notice. ASG's deep and long-term relationships with these stakeholders allowed us to quickly confirm meetings rather than submitting to cumbersome meeting request processes.
- Unique insights:
  Continuous communication with stakeholders ensured that we were abreast with developments within the FP space. It also enabled us to have access to critical information in record time. More importantly it provided us with first-hand information on the FP priorities of our critical stakeholders allowing the foundation to effectively align with these priorities.
- Deep and trusted relationships:
  Strengthened stakeholder relationships build trust and depend on continuous communication between the stakeholder and advocate. ASG was able to gain unique insights from stakeholders not readily available to press and media as a result of these deep relationships.

Opportunities for Improvement

1. Better coordination and information sharing amongst grantees and partners
2. Increased collaboration between ASG and advocacy grantees to better leverage each party's strengths and expertise.
3. Targeted advocacy to professional groups in line with the Foundation's FP priorities
4. Collective focus among FP advocacy partners on engaging members of the National Assembly

Suggestions to FMOH/SMOH

1. Make budget disbursement information readily available and accessible
2. Strategize with FP advocacy partners on best paths for engaging the National Assembly

National Family Planning Dashboard

Clinton Health Access Initiative (CHAI)

Introduction

The National Family Planning (FP) Dashboard is an open source, web based tool that enables integration and visualization of service delivery and commodity data. It is a routine performance management tool which enables users to view facility-level FP data from DHIS-2 and human resource data (HR) from government and training partners.

The FP Dashboard was developed closely with the Federal Ministry of Health (FMOH) to enable a more targeted and accelerated scale-up of Long Acting Reversible Contraceptives (LARC) while providing visibility into relevant information on other FP services. The resultant data visibility enables government accurately direct limited resources, strengthen identified weak areas and improve program management which will contribute towards achievement of the country's renewed commitment of 27% CPR by 2020.

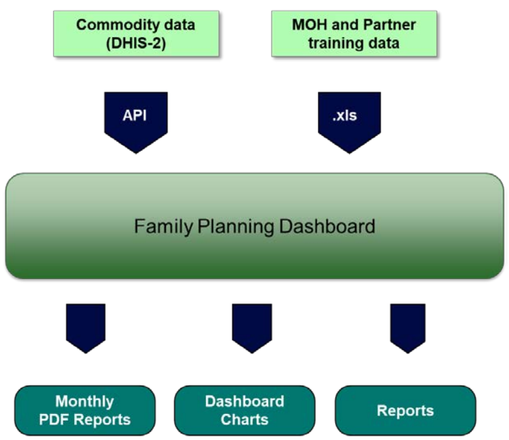
The FP Dashboard which was launched in 2015 has now been deployed across all states in the country.

The FP Dashboard allows users to generate:

- Charts that display FP service coverage, consumption of FP commodities and stock-out of commodities
- HR and commodity information disaggregated by cadre, gender and commodity availability at facility, local government area, state and country levels.

Success stories from use of the dashboard include:

- Identification of service delivery points where previously trained providers had been lost to transfers. Such facilities were prioritized for upcoming LARC trainings.
- Identification of LGAs stocked out of commodities which were flagged for prompt resupply for continued service provision.



Milestones

- Finalized nationwide deployment of the FP Dashboard to 36 states and FCT.
- Developed and administered the maturity model tool to track improvement in FP Dashboard competency and institutionalization across the country.
- FP Dashboard listed as a reproductive health monitoring and evaluation tool in the 2017 National Reproductive Health Policy which serves to strengthen the institutionalization of the FP Dashboard along with routine use at Reproductive Health Technical Working Group (RHTWG) meetings.
- Provided technical assistance to the procurement and supply chain management (PSM) committee in the 2018 contraceptive forecasting and quantification process.

Challenges

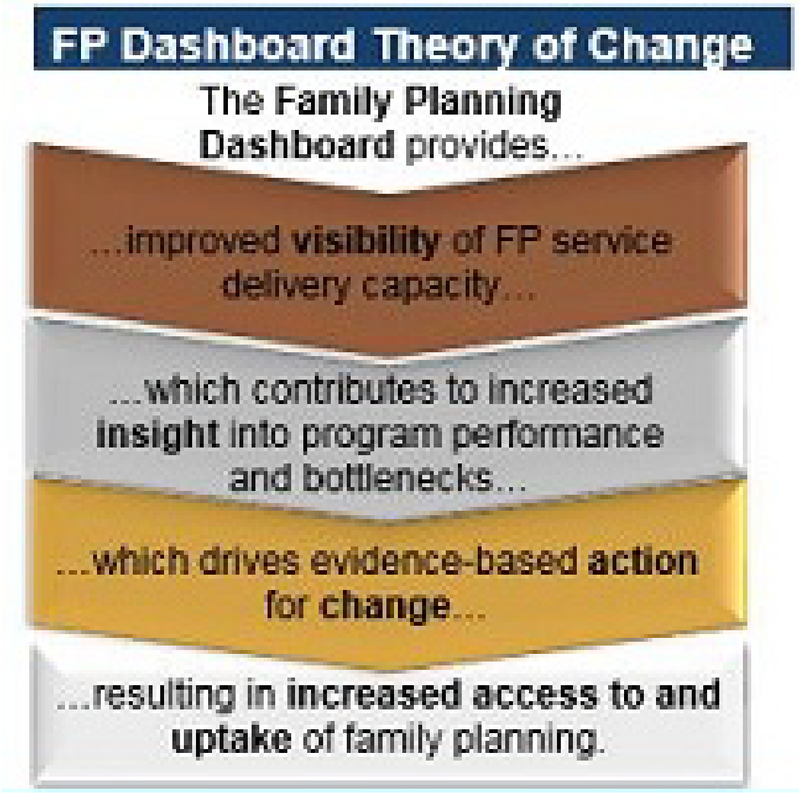
- Government capacity to independently generate and analyze data especially at the state level needs strengthening.
- Government's lack of funding for FP Dashboard costs, such as server and webhosting fees, domain names, and follow up visits is a challenge for total government ownership.
- Supporting the FMOH to identify partners willing and able to commit to the FP Dashboard running costs has been slow. There are still functions which are yet to be transitioned.

Opportunities for Improvement

- Government takes stronger lead in generating and using data to target specific FP program indicators.
- FP partners adopt the FP Dashboard as a resource tool for tracking and reporting on their project indicators.

Suggestions to FMOH/SMOH

- Government takes stronger lead in generating and using data to target specific FP program indicators.
- Government to include cost of maintenance of FP Dashboard in the annual program budget.
- Early contraceptive forecasting, quantification and supply plan development by FMOH.



Program Innovation

- Developed the maturity model tool which assesses user competency and allows targeted action to improve performance and institutionalization.
- Developed an annual FP program report which showcases FP trends from the Dashboard, FP program challenges and proposed solutions which will be shared at annual national FP Coordinator meetings.
- Instituted monthly remote sessions with states as an avenue to foster independent data generation and analysis.
- Initiated data review sessions with state FP coordinators and HMIS officers as part of the quarterly follow-up visits to improve accurate data reporting.

Customer & Client care platform

DKT Nigeria

Introduction

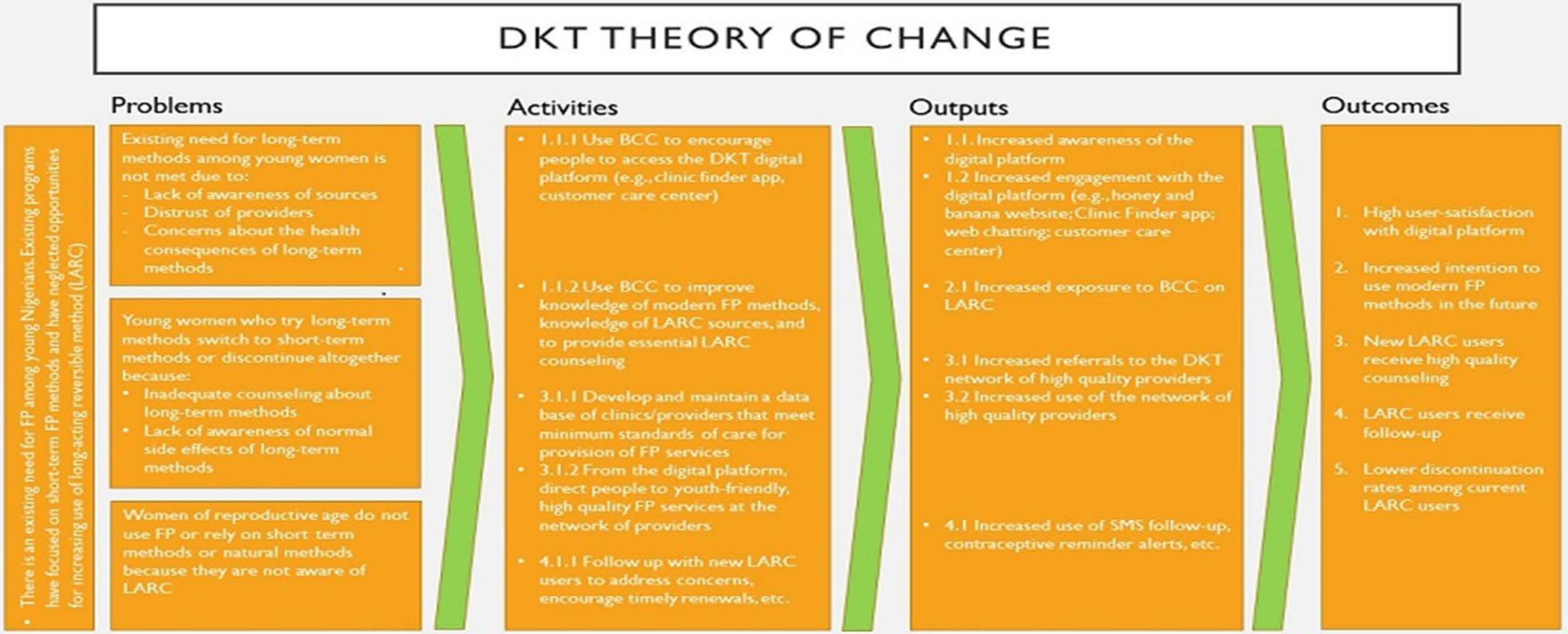
DKT NIGERIA will develop a customer & client care digital platform to increase access to contraceptive products, services, information and reduce discontinuation of a chosen method by women and young people in Nigeria.

This platform will be a forum for callers to ask questions and receive referrals for providers or pharmacies where they can access various family planning products and services. The toll free 12 hours a day operational call center will be manned by nurses addressing client's family planning concerns in real time and making referrals to FP service providers. Social media components of the customer care center will include facebook, twitter and instagram which will allow users privately follow through on their family planning interests at their own pace.

This program is expected to run for three years and its Implementation has commenced with the development and integration of the call center and CRM/digital platforms.

Desired Outcomes

- Increased contraceptive usage amongst WRA and adolescents.
- Set up linkage between clients and DKT certified providers/clinics.
- Addressing sensitive questions that clients feel reluctant to physically ask health providers.
- Reduce discontinuation of FP products amongst women.



Sayana® Press

DKT Nigeria

Introduction

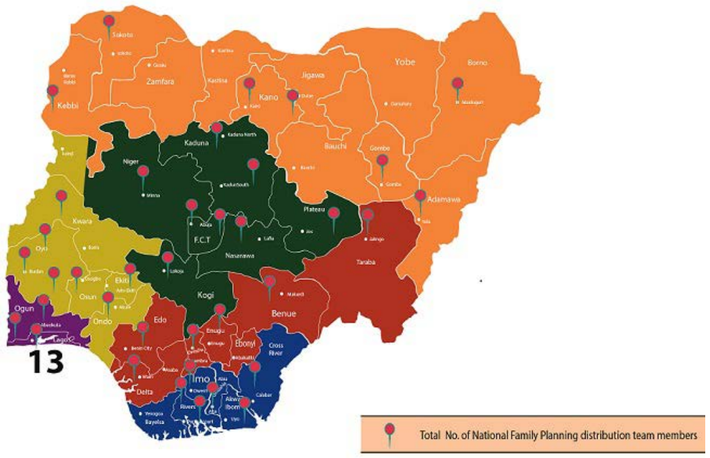
- DKT Nigeria is spearheading the introduction in the private sector; a significant feat that has recorded tremendous success, including nationwide distribution of 1,022,000 units of Sayana® Press, training more than 8,500 providers (e.g., doctors, midwives and nurses, and CHEWs) on Sayana® Press and other contraceptive methods in one year, introducing a community-based distribution model popularly called DKT Bees, and providing a Sayana® Press injection free reminder service to Sayana® Press users.

- Within five years, DKT has metamorphosed into a family planning (FP) power house with a national spread distribution structure made up of 55 sales representatives and supervising personnel directly servicing more than 45,000 clients. This network composes of proprietary patent medicine vendors (PPMV), pharmacies, clinics, hospitals and providers.

- DKT has a rich product portfolio which includes Sayana® Press Injectable, large variety of condoms, emergency and oral contraceptive pills, IUDs, Implants, maternity kits, misoprostol and MVA Kit. DKT also delivers high impact programs, marketing, media and communications campaigns and provider trainings.

- DKT Nigeria's social marketing activities and campaigns are geared towards supporting the Federal Government of Nigeria and FMOH in realizing the target goal of 27% CPR in 2020 and beyond.

DKT NIGERIA DISTRIBUTION MAP



Milestones

- Over 1 million units were distributed through a combination of medical detailing to providers and sales to high-volume facilities and clinics
- Sayana® Press repackaging into single individual boxes from hospital boxes which will aid Home and Self injection when it is launched.
- Trained over 8,500 providers of different cadres (e.g., doctors, midwives, nurses, etc.)
- Through our 52 radio and TV programs, we were able to respond to hundreds of phone calls during the programs while our text message platform responded to almost 8,000 text messages, enquiries and clinic referral requests.
- Our Honey and Banana campaign currently has approximately 150,000 followers on social media, and has reached more than 5 million people.

Challenges

- Stock-outs due to only one Sayana® Press manufacturer (Pfizer) which is unable to meet DKT's purchase orders
- Regulatory restrictions of promoting Sayana® Press directly to consumers because of Sayana® Press' Prescription-only Medicine (POM) status.
- Prevalence of misconceptions about FP serves as an obstacle to women embracing FP/Sayana® Press
- Provider bias in providing FP/Sayana® Press to single or unmarried women

Opportunities for Improvement

- Availability in the public sector
- Relabeling of Sayana® Press for home and self-injection.

Suggestions to FMOH/SMOH

1. Address current regulatory/policy restrictions to distributing Sayana® Press injection to PPMVs owned/operated by nurses or CHEWs
2. Eliminate broadcast regulatory limitations by governmental authorities (e.g. National Agency for Food and Drug Administration and Control (NAFDAC), Nigerian Broadcasting Commission (NBC) etc.) that restricts women and youth from accessing contraceptive information.
3. Increase regulatory approvals that will drive home and self-injection through changing the status of Sayana® Press from a prescription only medicine.

Program Innovation

Key Learnings

1. Providers need to be trained and re-oriented on the benefits of Family Planning to women in order to combat the issue of provider bias when providing FP/ Sayana® Press to unmarried women which we have seen re-occurring in different regions.

2. Distribution of Sayana® Press lacks sufficient complementary demand-creating activities. There is a need for increased social marketing activities/ campaigns targeting providers and women. The POM status of Sayana® Press has a limiting effect on the kinds of communication campaigns that could be developed and deployed directly to women.

3. We need additional manufacturers of the generic DMPA-SC in order to mitigate the shortfalls that occur in meeting procurement orders from the Sayana® Press sole manufacturer, Pfizer.

Traditional Leaders for Women & Girls in Northern Nigeria – Emir's Project

development Research and Projects Center (dRPC)

Introduction

The dRPC was engaged by Bill & Melinda Gates Foundation (BMGF) to provide technical and administrative support to enable His Highness the Emir of Kano, working through the Kano Emirate Council Committee on Health (KECCoH) and its ward, village and district heads to:

- mobilize communities for improved access to services for women and girls;
- identify gaps and gender bias in the delivery of services;
- support the public health and social sector agencies in government such as the State Primary Health Care Development Agency and the Ministry of Education for remedial action.

The projects main goal is for improved commitment to girl-child education and the uptake of services in host communities of the project. **The principal results of this intervention are** to:

- **Strengthen the capacity** of the Health Committee of the Emirate Council to implement the Emir's vision for improved social sector development, targeting women and girls of the state;
- **Improve the accountability and responsiveness** of government social sector service delivery agencies by incorporating the traditional institution at Emirate, district, ward and village level in the monitoring and supervision of service delivery; and
- **Improve commitment** to girl child education and uptake of services in host communities of the Emir's project and increased learning from these achievements by Emirs in neighbouring states and traditional leaders in neighbouring West African countries.

Activities of the project revolve around six clusters:

1. Emir's Community Outreaches, Social mobilization on maternal, neonatal and child health (MNCH).
2. Orientation Meeting for the 44 District Heads of Kano Emirate on the "Role of Traditional Institution for Improved MNCH and Girl Child Education"
3. Training of health workers on how to address religious and cultural misconceptions on MNCH services.
4. Capacity building on community mobilization for community leaders from saturation communities with low uptake of MNCH services in Kano state.
5. Regional meetings for KECCoH members to share project's best practices and key learnings with other Emirate Councils in Northern Nigeria.
6. Institutional capacity building by the dRPC for KECCoH focusing on strategic plan development workshops, study tours, renovation and furnishing of KECCoH office.

Milestones

- Over 15,000 members of communities were reached and mobilised on MNCH services, routine immunisation and other health care services during 10 community outreaches conducted in Rano, Kura, Wudil, Dawakin Tofa, Gwarzo, Warawa, Madobi, Makoda, Ajingi and Gabasawa LGAs. His Highness the Emir of Kano, Muhammad Sanusi II personally graced two out of the nine Outreaches. His Highness specifically urged husbands to encourage and support their wives to space between births.
- Inspired by the Regional Meeting on the Role of Traditional Institutions and Leaders in Public Health and Girls' Education held in Abuja between May 8-9th, 2017, other emirate councils in attendance pledged to emulate the Emir of Kano by establishing/ strengthening health committees in their emirates.
- More than 400 traditional leaders (i.e., district/village/ward heads) from 44 LGAs in Kano State were trained on community mobilisation & monitoring of uptake of MNCH services.
- KECCoH as a committee under the Kano Emirate Council, through various institutional capacity building, now has the capacity to design, plan and implement activities aimed at achieving the Emir's vision through monitoring and mentoring of district, village and ward heads on community mobilisation and advocacy for improved access to MNCH services.

Challenges

1. Religious and cultural misconceptions on health care services hinders uptake of MNCH services, particularly in the rural areas.
2. Poor budgetary provision by the State Government for the purchase of family planning commodities and other health services, particularly in rural areas. This issue constitute a major barrier to demand creation for MNCH services.
3. Inadequate human resources, especially at the primary health care level, serves as major a constraint to effective provision of MNCH services.

Program Innovation

The Emir's project has innovative activities that aims to address social sector issues in Northern Nigeria. One unique activity of the project is the Emir's community outreach which has series of sub-activities built into it.

1. Counseling for child spacing (e.g., family planning)
2. Launching of measles/ polio campaigns
3. Presentation of awards to some selected community members for outstanding community based support services
4. Leveraging on the government medical mobile facilities to provided free medical care during the outreaches
5. The media strategy used allows larger audience to receive the message of the Emir on MNCH

Opportunities for Improvement

- Creating the enabling law that will empower the emirate councils in Northern Nigeria to work hand in hand with the relevant government agencies. A draft bill seeking to recognize KECCoH as legal entity is before the Kano state House of Assembly for consideration.
- When KECCoH is formally established as a legal entity, it can source for funding not only from government but also from development partners nationally and internationally to fund its activities.

Suggestions to FMOH/SMOH

1. The State Government should provide logistics to KECCoH for supportive supervision of their activities at the LGAs and community levels.
2. The Federal and State governments should allow KECCoH to make use of existing Health Management Information (HMIS) tools to avoid parallel data management and utilization in the state.
3. The Federal Government should assign responsibility to KECCoH (as well as similar traditional institutions across Nigeria) under the FG's initiative of Primary Health Care Under One Roof (PHCUOR) policy.

IntegratE

Society for Family Health (SFH)

Scope of Work

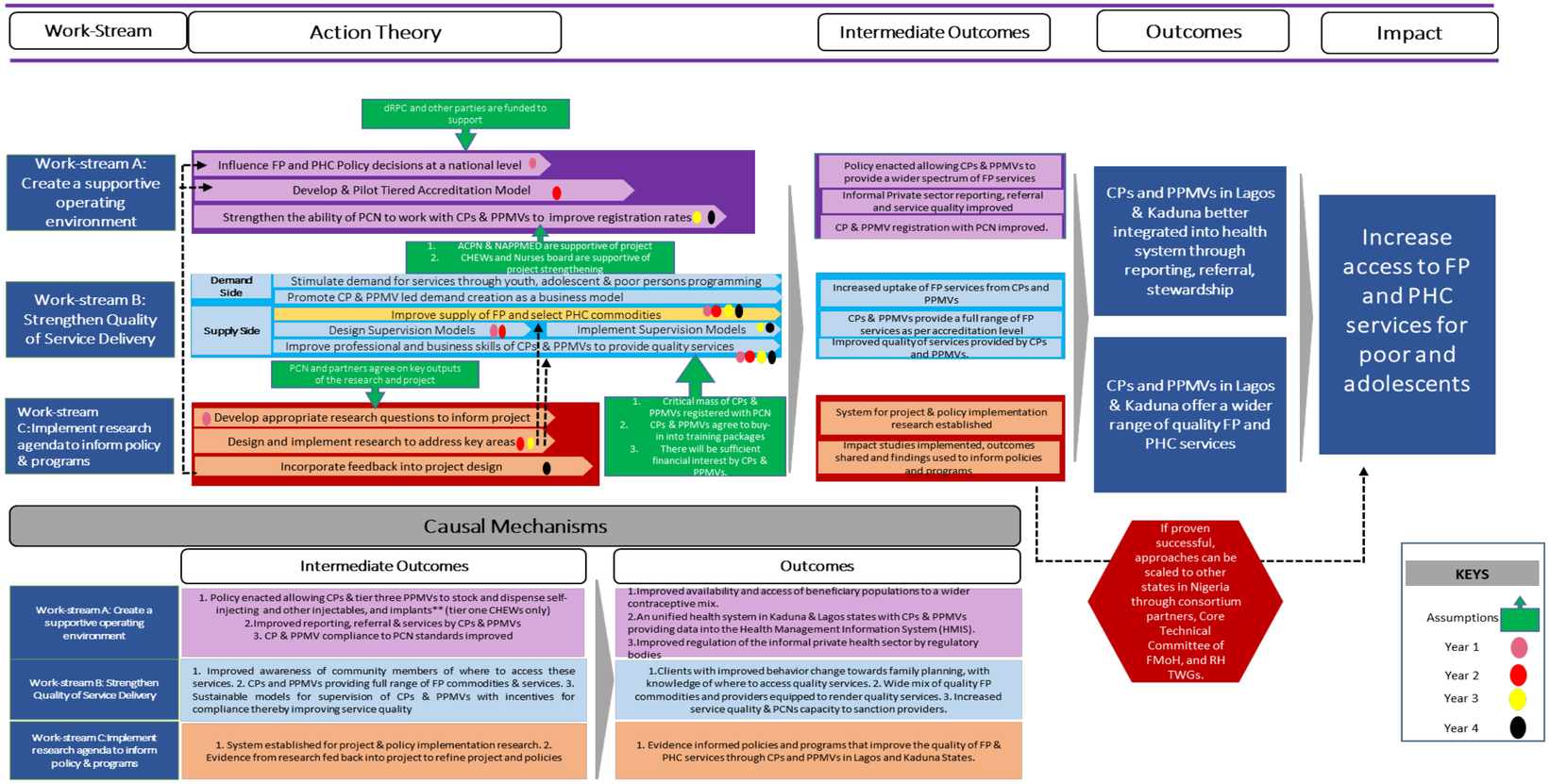
IntegratE is a proof-of-concept that community pharmacists (CPs) and proprietary patent medicine vendors (PPMVs) can provide a wider range of FP and PHC services than they are currently authorized to provide. It is an effort to support Federal/State Ministry of Health in attaining national contraceptive use goal.

With a geographic focus on underserved areas of Lagos and Kaduna, IntegratE aims to:

- Create a supportive operative environment for family planning (FP) provision from CPs and PPMVs in Nigeria
- Strengthen quality of FP service delivery from CPs and PPMVs
- Implement a comprehensive research agenda to inform policy and program for primary health care (PHC) and FP service provision through CPs and PPMV

Members of the consortium include SFH (lead organization), DKT, PharmAccess, Planned Parenthood Federation of Nigeria (PPFN), Marie Stopes International Organization Nigeria (MSION), and Population Council.

Theory of Change/ Conceptual Framework



Activities

Work stream	Key activities
WORK STREAM A: Creating a supportive operating environment	• Work with Pharmacist Council of Nigeria (PCN) to design and pilot tiered accreditation model for PPMVs in Lagos and Kaduna States • Support PCN in designing standards for human resources for health, training manuals, job descriptions and physical outlook, and equipment for premises as well as standards operating procedures (SOPs) for the tiered accreditation. • Harmonize government documents on FP commodities dispensing with PCN and expand Approved Patent Medicine List (APML), over the counter and essential medicines list to include oral contraceptives, injectable & Sayana® Press • Support PCN to integrate harmonized CPs and tiered PPMV training curriculum into training institutions and colleges. • Conduct institutional review of the capacity of PCN to supervise CPs and PPMVs (using NHOCAT tools) and build capacities based on identified gaps in the area of policy, program, administration and structure.
WORK STREAM B: Strengthen quality of service delivery	• Work with PCN to design and implement supervision model in Lagos and Kaduna States • Stimulate demand for services through adolescent and poor people programming using online FP campaign, mobile phone marketing, Naija gals centres etc. • Ensure continuous availability of quality FP and PHC commodities to CPs and PPMVs (in accordance with their tier) through the supply chain systems and channels of all partners • Improve professional and business skills of CPs and PPMVs and link to sources of medical credit
WORK STREAM C: Implement research agenda to inform policy and program	• Develop appropriate research questions that will inform project • Impact evaluation (baseline and end-line evaluations) • Apply implementation science to assess the effect of tiered accreditation system on quality of FP services provided and effect on registration rates • Assessment of supervision model on drug quality

Desired Outcomes

- **Policy enacted allowing CPs and PPMVs to provide a wider spectrum of FP Services**
- **A unified health system in Lagos and Kaduna with CPs and PPMVs providing data into the Health Management Information System (HMIS)**
- **Improved registration rates of CPs and PPMVs with PCN**
- **Clients with improved behavior change towards family planning and knowledge of where to access quality FP services**
- **Wider mix of quality FP commodities and services available and providers equipped to provide quality services including youth friendly counseling services**
- **Evidence (from research) available to inform policies and programs that improve quality of FP & PHC services through CPs and PPMVs**

MTV Shuga

Staying Alive Foundation

Introduction

- Having received a grant from the Bill & Melinda Gates Foundation, to support the Federal Ministry of Health and Government of Nigeria's efforts in attaining the national contraceptive use goals, the MTV Staying Alive Foundation is implementing two new campaigns of MTV Shuga in Nigeria over 2017–2019.
- MTV Shuga aims to increase knowledge and create demand for family planning services and commodities in Nigeria. With a focus on three key states of Lagos, Kano and Kaduna, the campaigns will focus on adolescent girls (15-19) and young women (20-24), as well as adolescent boys (15-19) and young men.
- Encompassing a 360 multimedia campaign with TV, radio, online, mobile and on-the-ground activities. The first of the two campaigns, MTV Shuga Naija Season 6 is progressing well and is currently in the production phase, with the world premiere taking place in Lagos on Thursday, February 22nd, and premiering on TV on MTV Base on Tuesday, March 6th.

Please view our content on any of the following platforms:
www.mtvshuga.com
www.youtube.com/mtvshugatv
www.instagram.com/mtvshuga
www.facebook.com/mtvshuga
www.twitter.com/mtvshuga

MTV Shuga Naija Season 6 Cast

Milestones

- Auditions open to the public took place in Lagos, where more than 1,200 aspiring actors turned up hoping for a part in Season Six of MTV Shuga.
- Successful production of Season 6 MTV Shuga, with input from several partners on script development and story lines. Partners were also invited to the set to observe filming
- Attended partner engagement meetings where formative research findings were disseminated and discussed among diverse stakeholders



Challenges

- Managing expectations of partners
- Timely feedback during the scripting and post production process

Program Innovation

- We signed off a partnership with the Lagos State Ministry of Health last year, and this partnership has hugely impacted on our campaign in terms of access to their facilities, counselors and participants/teens of the Hello Lagos and Young Mums clinics.
- We also worked closely with the Federal Ministry of Health in regards to pushing conversations around the "Green Dot" logo on our programing, thereby driving our audience to get the relevant information from these centers.
- We have also worked with A360/SFH, DKT and NURHI throughout the campaign and promotion of "Green Dot."

Opportunities for Improvement

- Obtaining access to the Ministry of Health's media partners
- Adding MTV Shuga to the curriculum for local health centers
- Collaborating with local health centers for outreach activities

Suggestions to FMOH/SMOH

- Support partners with accessing government-approved health agencies and centers in the Northern region, specifically Kano and Kaduna
- In partnership with the Staying Alive Foundation, State/Federal Ministries of Health can fund local premieres and screenings of MTV Shuga
- Allow MTV Shuga and partners to have access to the Ministry of Health's media partners

NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE (NURHI 2)

Johns Hopkins Center for Communication Programs (JHCCP)

Introduction

The Nigerian Urban Reproductive Health Initiative Phase 2 (NURHI 2) is a five-year project (2015-2020) funded by the Bill and Melinda Gates Foundation. It is an effort to support the Federal and States Ministries of Health (F/SMOH) to attain the national contraceptive use goal of increasing mCPR to 27% by 2020

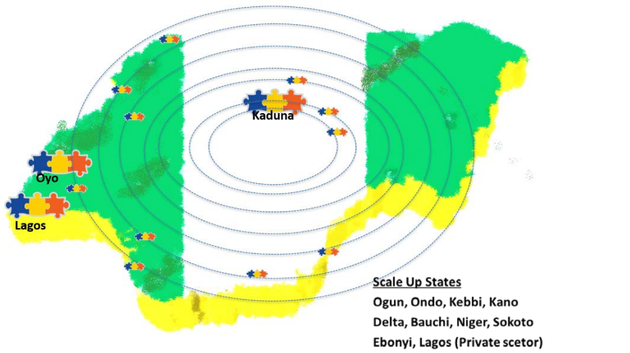
Vision: A Nigeria where supply and demand barriers to contraceptive use are reduced, and make family planning a social norm in Nigeria.

Primary outcome: A positive shift in in family planning (FP) social norms at the structural, service, and community levels that drives increases in CPR in **Kaduna**, **Lagos**, and **Oyo** states.

A proven model: The NURHI model is holistic, comprising three interlocking, mutually dependent approaches

Designed for scale-up:

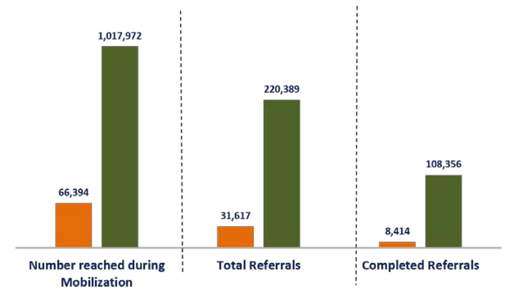
Through guided scale up and diffusion, NURHI 2 is blazing the trail of a family planning movement in Nigeria



Milestones

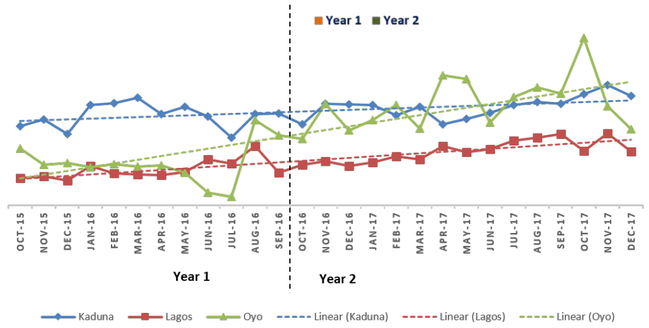
Men and Women Reached with FP Information Quadruples

Almost 1.5 million men and women reached with FP information by NURHI 2 supported social mobilizers in year 2 (Oct 2016–Sept 2017); about 4 times the number reached in year 1 (Oct 2015–Sept 2016)



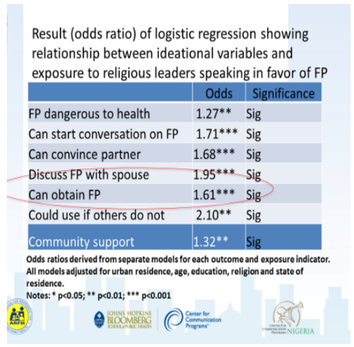
Rising Tide of New FP Users

Through NURHI 2 supported facilities, about 200,000 new clients were served with modern contraceptive methods from years 1 and 2. Two-thirds of this number were reached in year 2 alone. Across these facilities, number of new clients continues to increase as shown in the trend line



Giant Strides in Faith-based Advocacy

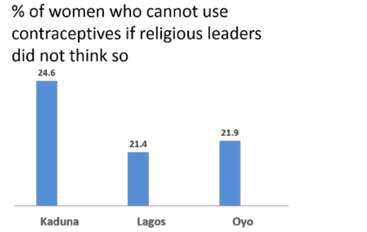
- Endorsement of advocacy handbooks by influential faith leaders in Nigeria – President of the Christian Association of Nigeria (CAN) the Sultan of Sokoto
- Key learnings meeting brought leaders of both faiths together to reach consensus on driving religious advocacy for FP forward
- Evidence that faith-based intervention improves ideation about FP

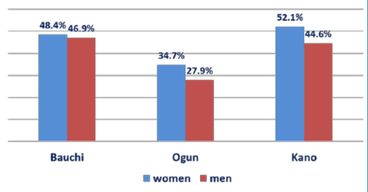


Result (odds ratio) of logistic regression showing relationship between ideational variables and exposure to religious leaders speaking in favor of FP

	Odds	Significance
FP dangerous to health	1.27**	Sig
Can start conversation on FP	1.71***	Sig
Can convince partner	1.68***	Sig
Discuss FP with spouse	1.95***	Sig
Can obtain FP	1.61***	Sig
Could use if others do not	2.10**	Sig
Community support	1.32**	Sig

Odds ratios derived from separate models for each outcome and exposure indicator. All models adjusted for urban residence, age, education, religion and state of residence.
Notes: * p<0.05; ** p<0.01; *** p<0.001





Challenges

1. Weak health system (especially Primary Health Care [PHC] level), weak multi-sectoral response
2. Recurring stock-out of FP commodities due to challenges of the government's new integrated Last Mile Distribution (LMD)
3. Ambiguous policies regarding access to contraception by young women (15-17 years)

Program Innovation

Strategic Visioning for FP

Spurred increased state FP investments:

- **Kaduna**: N100m allocated, N45m released
- **Oyo**: N25m released from SOML funds
- **Lagos**: Increased FP allocation in 2018 budget; inclusion of FP in state health insurance scheme.

Human-Centered Design (HCD) to Address Provider Bias

Two prototypes developed and scaled up:

- **Client-Provider Dialogue**: Interactive approach to enable FP service providers reflect on the consequences of their biases on actual people.
- **Modified Values Clarification**: Using revised SRH related games that allows providers get to the root cause and reflect on reasons behind their attitudes and beliefs.

A monitoring and tracking system that will assess changes in the practices of providers who participated in the HCD prototypes has been set up. Findings from this tracking system will be available from May 2018

Local Talent Expands Demand

- Regional competitions amongst young people to contextualize the popular *Get-it-Together* (GIT) song in 3 local languages (Yoruba/ Pidgin/Hausa)
- YouTube views increased by over 1 million from May to September 2017 (currently at 4M views).

See links to GIT songs

https://www.youtube.com/watch?v=uu_xUL3NN0o
http://getittogether.ng/2017/07/get-it-together-song-competition-oyo-winners/
http://getittogether.ng/2017/07/get-it-together-song-competition-lagos-winners/
http://getittogether.ng/2017/07/get-it-together-song-competition-kaduna-state-winners/

Opportunities for Improvement

1. Commitment of state governments to PHC Under One Roof as a key step to implementing their FP costed implementation plans (CIPs)
2. FMOH updated FP2020 commitments, with intention to support alignment of state CIPs in achieving the national goals
3. Saving One Million Lives funds available to leverage for full implementation of Task Shifting/Task Sharing (TSTS) policy and LMD of FP commodities to prevent stock-out

Suggestions to FMOH/SMOH

1. Strengthen health systems to focus on policy implementation
2. Strengthen Last Mile Coordination Units to prevent stock-out (Ministries, departments & agencies/donor/partner coordination, LMD, FP Consumables)
3. Ensure FP budget releases and actual spend

Partnership for Advocacy in Child and Family Health at Scale (PAS)

development Research and Projects Center (dRPC)

Introduction

Partnership for Advocacy in Child and Family Health at Scale (PAS) is a social accountability investment advocating for increased fulfillment of federal- and state-level governments' commitments on existing policy and financial commitments on child and family health.

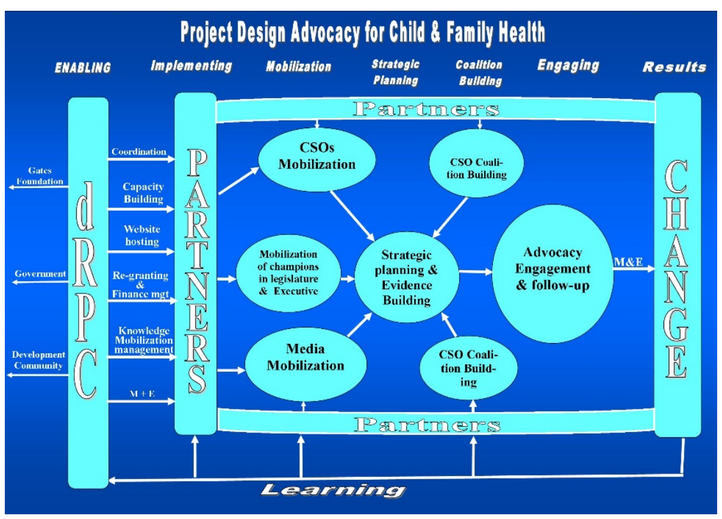
The initiative is implemented through the strategy of partnership building of indigenous civil society organizations (CSOs), champions and activists, including:

- Faith-based organizations
- Professional associations
- Community based organization/ association
- Media

Activities of the project revolve around six clusters:

1. The organizational and technical capacity building activities to strengthen sub-grantees
2. The advocacy preparation and materials development work of the 7 implementing CSOs
3. Building supporting within government by creating champions for change
4. Mobilization activities which includes working with the media and expanding the CSO coalition
5. Advocacy convening and follow up activities
6. Monitoring, evaluation and learning.

Theory of Change



Milestones

1. 33.5% increase in the family planning (FP) line in the annual budget between 2016 and 2018, and 10% increase in the number of CSOs working on FP in focal states.
2. 20% improvement in accuracy of media reporting on the inadequacy FP financing of the 2016–2018 budgets.
3. 20% increase in partnership engagements with BMGF grantees to develop and launch CIP and Execution Plans for FP in Oyo and Nassarawa states between 2016–2017

Challenges

- Challenge of coordination and attribution in joint activities conducted with partners
- Low priority accorded to FP financing and policy implementation as policy makers continued to be influenced by traditional social norms
- Weak CSO capacity to conduct evidence based advocacy in a sustainable way

Opportunities for Improvement

1. Improve coordination amongst Bill & Melinda Gates Foundation (BMGF) grantees working as partners
2. Improve coordination sub-grantees of BMGF grantees in accountability mechanisms
3. Leverage FP Champions within government as advocates for project outcomes

Suggestions to FMOH/SMOH

1. Act on CSO feedback provided in accountability mechanisms
2. Use evidence for data driven policy making and policy reviews
3. Follow through on commitments and deliver

Program Innovation

1. Partnership building and nurturing with BMGF grantee
2. Technical capacity building to strengthen CSOs ability to deliver evidence based advocacy messages
3. Creating champions within the bureaucracy through leadership training with the National Institute for Policy and Strategic Studies (NIPSS)

PMA2020 Nigeria

Johns Hopkins University

Introduction

Performance Monitoring and Accountability 2020 (PMA2020) was designed to provide rich information useful to reporting, planning, operational decisions and advocacy regarding family planning (FP) progress in Nigeria and other FP2020 pledging countries.

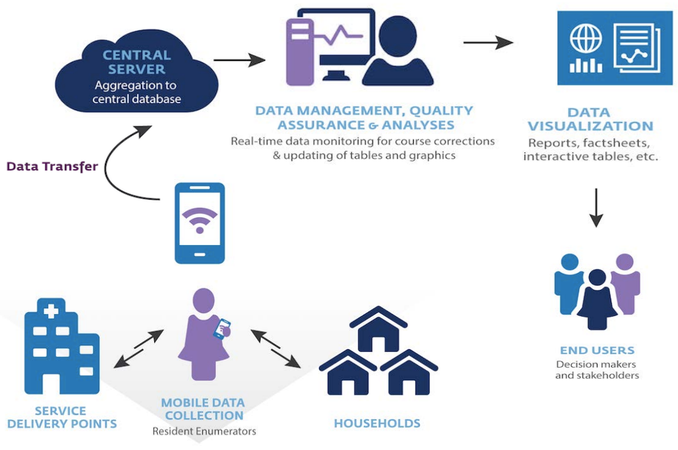
BMGF's investments are designed to support the Federal Ministry of Health (FMOH) and the Government of Nigeria's efforts in attaining the national contraceptive use goal of 27% by 2020.

PMA2020 utilizes mobile technology to collect low-cost, rapid-turnaround, nationally-representative data on FP and other public health issues.

- It tracks progress in FP access and use, as well as indicators of access, quality, equity and choice.
- Data are collected by a network of female resident enumerators at both household and health facility levels.
- The collected data are analyzed and prepared into tables and graphs to inform policymakers and program practice at federal and local levels

PMA2020/Nigeria, led by the Center for Research, Evaluation Resources and Development (CRERD), is currently collecting data in 8 states, including Anambra, Kaduna, Kano, Lagos, Nasarawa, Oyo, Rivers, and Taraba.

How it works



Milestones

PMA2020 set out to prove the concept that a cadre of females residents in study sites can use mobile phones to successfully collect survey data (with minimal or no survey experience) with technical and administrative support. Over the past year, PMA2020 has successfully:

1. Translated the learnings from the PMA2020 core project to a sister project, PMA Agile that seeks to collect near continuous data on selected indicators from service delivery points;
2. Introduced a Women and Girls' Empowerment module as well as a new module on abortion;
3. Collaborated with the National Center for Women Development to host the PMA2020 Round 4 National dissemination in Abuja on July 19th, 2017, attended by top government officials, Development Partners, FP and Water, Sanitation and Hygiene (WASH) stakeholders and women NGOs;
4. Became an active member of national think tanks: National Research Data Monitoring and Evaluation Technical Working Group and the National Reproductive Health Technical Working Group, led the FMOH;
5. Held data utilization workshops, thus empowering more people to utilize the data.

Challenges

While we have received immense support from relevant federal and state ministries, departments and agencies as well as NGOs, we have had to contend with:

1. An outdated and inaccurate census master frame for selecting enumeration areas; and
2. Unrest in some parts of the country, leading to delays in field work and the need to replace some study clusters.

Photo: Mrs. Dolapo Osinbajo, wife of the Vice President at the PMA2020 Stand

Program Innovation

PMA2020 is unique in multiple ways:

1. Mobile phone-assisted survey
   - Minimizes errors
   - Allows data collection & entry combined into a single step
   - Allows multiple built-in quality checks
2. Rapid-turn around nature
   - 6 weeks for data collection
   - Data available 6 weeks later
3. Flexibility: Allows introduction of temporary modules like WASH, Diarrhea, Menstrual Hygiene, and Abortion to the Core FP questionnaire.
4. Provides current data for action at different levels:
   - Programmatic
   - Policy
   - Research

Opportunities for Improvement

1. Work with organizations that can provide satellite imagery and innovative methods to make mapping and listing of selected clusters a less arduous task.
2. Stronger partnerships with state ministries of health that will ensure a sustainability plan, so that the PMA2020 platform can become the gold standard for data collection for action in Nigeria.
3. Find innovative ways to engage the government at all tiers so the data collected can be used for immediate action, such as ensuring facilities are receptive to all clients and patients, irrespective of age, and that both FP commodities and consumables are available at all times in all facilities that offer contraceptive services.

Suggestions to FMOH/SMOH

1. Focus attention on youth to address their urgent contraceptive needs as PMA2020 results show consistently low contraceptive prevalence among young women below age 25 years.
2. Improve on the existing system to address the persistent problem of stock-outs and ensure that both private and public facilities have ready access to FP commodities and consumables. This may help to bring missed opportunities to a minimum, and increase the prevalence of use of modern FP methods.

Post-Pregnancy Family Planning in Lagos State

Johns Hopkins Center for Communication Programs (JHCCP)

Scope of Work

The Post-pregnancy family planning (PPFP) in Lagos State focuses on reaching women during pregnancy and in the post-pregnancy period with the information and services they need to begin using family planning (FP).

Four-year project (2017-2022) funded by the Bill & Melinda Gates Foundation (BMGF) and MSD for Mothers to support the Lagos state government in attaining the national contraceptive use goal. Key partners are Health Strategy & Delivery Foundation (HSDF) and DKT Nigeria.

The intervention is implemented in the private sector, which provides maternal, newborn and child (MNCH) health services for about 65% of women & children in Lagos state.

Project Goal

- To increase the modern contraceptive use among post pregnancy women in Lagos state.

Objectives

- Motivate women to seek family planning services after delivery and be ready and “informed clients.”
- Increase the proficiency and number of private sector providers offering quality PPFP counselling and services.

Project Scope

- Base scope (Year 1): Work in 25 high volume private health facilities in collaboration with HSDF.
- Expanded scope (Years 2-4): Expand to an additional 200 private health facilities.

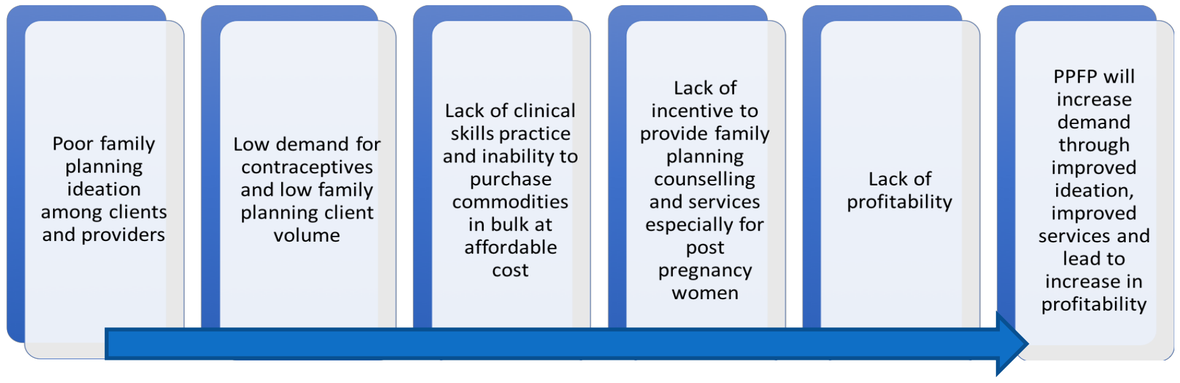
Approach

Leverage on NURHI 2 Advocacy activities (e.g. Interfaith Forum, Advocacy networks)

-Reduce client ideational barriers
-Address clients’ perception about quality of FP services in private sector

-Reduce provider ideational barriers
-Reduce structural barriers

Theory of Change



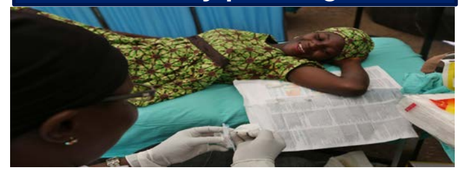
PPFP Integration along the MNCH Continuum of Care

Antenatal care

Labour and delivery

Postnatal care

Family planning



Activities

Demand Generation

- In-clinic demand generation tools
- Community and in-clinic mobilization activities
- Incorporate PPFP into existing NURHI 2 advocacy and demand campaigns
- In-clinic outreaches

Research, Monitoring and Evaluation

- Health facility assessment
- Qualitative research among pregnant/post pregnant women
- Longitudinal studies
- Routine monitoring and evaluation

Service Delivery

- Advocacy to stakeholders
- Capacity building of health workers
- Quality improvement measures with HSDF
- Expandability to procure commodities with DKT
- Modified 72-hour clinic makeover
- Private sector family planning provider network

Desired Outcomes

- Increased demand and uptake for PPFP services in the selected private health facilities
- Improved ideational factors related to FP among post pregnancy women and service providers
- Increased number of new acceptors among post-pregnancy women
- Increased provider proficiency in PPFP service delivery
- Increased number of private sector providers counselling and providing PPFP services

The Challenge Initiative

Johns Hopkins Center for Communication Programs (JHCCP)

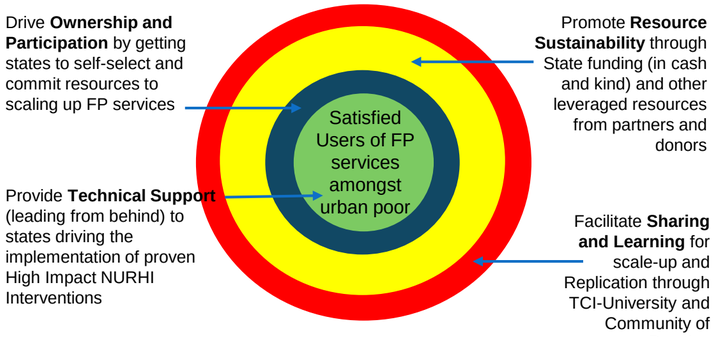
Introduction

The Challenge Initiative (TCI), a 5-year project (2016-2021) aims to **scale up** and **replicate** successes of the Nigerian Urban Reproductive Health Initiative (NURHI) models in new geographies using a business unusual approach:

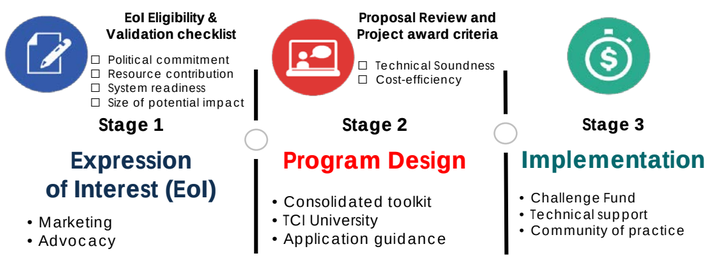
- Catalyzes a state-led and state-driven family planning (FP) movement.
- Offers opportunities to access technical and financial assistance for implementing successful FP models
- Matches government/ partners financial and in-kind/ leveraged investments.

The initiative is designed to support Govt. of Nigeria's efforts to achieve the national contraceptive use goals.

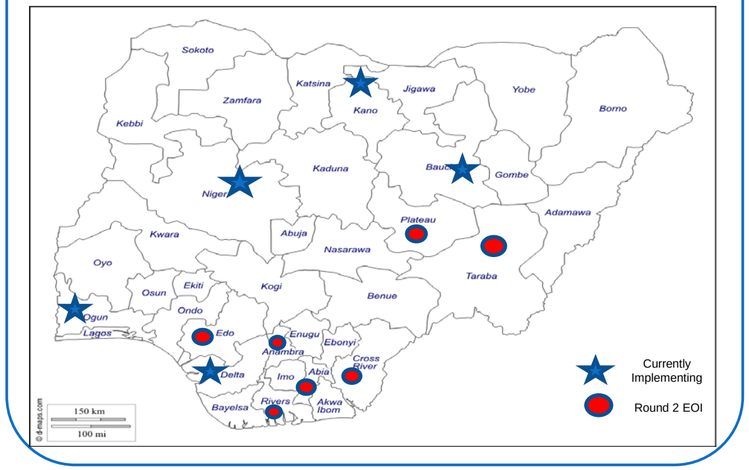
Business Unusual Approach ('BU'lls-eye)



TCI 3-Stage Demand-Driven Process



TCI National Coverage till date



Milestones

Round 1: states signed letters of commitment

- Five (5) states signed letters of commitment to use TCI approach.

	Funding commitment			Program Information		
	TCI	State	Leverage Funding	LGA	Cities	Sites
Kano	63%	30%	7%	8	8	40
Ogun	50%	44%	6%	8	8	44
Delta	87%	13%	0%	13	5	65
Bauchi	69%	20%	11%	5	5	50
Niger	61%	37%	2%	8	8	40
				42	34	239

- Implementation of the TCI approach commenced:
  - **Phase 1 – Systems Priming/Leading with Demand:** FP media campaigns, Costed Implementation Plan (CIP) developed (Bauchi), work plans aligned with Strategic Health Development Plans (SHDP) & Annual Operational Plans (AOP).
  - **Phase 2 – Prototyping scale-up, evidence gathering & mapping:** Omnibus surveys, Performance Improvement Assessments, Policy Environment Score (PES) and Health Facility Surveys.
  - **Phase 3 – Rapid scale-up and replication:** High-level stakeholders engagement and advocacy
- States provided operational hubs as part of their matching commitment.

TCI secured new investments

- Adolescent & youth sexual and reproductive health (AYSRH) and anonymous investor

More states line up to join TCI

- Seven (7) states submitted EoIs and lined up for TCI round 2 scale-up

Challenges

- **High inertia for catalyzing a change in mindset** from traditional ways of doing business to a new state-led, state-driven and accountable mechanism.
- **Adaptation of tools and approaches** within the new implementation model thus requiring more time and resources to bridge the capacity and systems gap.
- **Unrealistic financial commitments** to TCI considering poor budget performance, high level of technical and political attrition, and absence of budget lines for most states

Program Innovation

Some innovative aspects of the TCI program include:

1. **Competitive, phased selection of states:** States went through an iterated competitive process to qualify.
2. **Technical support team instead of program officers:** TCI is built on a commitment where direct learning is transferred from TCI to the state. Specifically, states receive technical assistance through an embedded team who provide daily mentoring and coaching to meet the states' needs.
3. **Integrated planning and implementation:** TCI ensures that interventions are embedded into state health plans such that they are properly situated within a broad technical assistance framework that also leverages the technical support, investment and capabilities of other implementing partners.

Key Lessons Learned

Using a one-size-fits-all approach doesn't work, as different states/cities present with their peculiar geographic, social and cultural nuances thus informing rapid customization and systems response.

Opportunities for Improvement

- TCI capacity building approaches integrated into all program touch points across the Demand-Driven model process and stages will help to quickly identify initial rate limiting steps and minimize "kitchen-sink" interventions that may not deliver results.
- Continue to explore opportunities for memorandum of understanding alignment (Niger and Kano), and TA across the grantee network to accelerate progress in relevant areas of interest such as government engagement (ASG), policy & program advocacy (AFP, E4A), RM&E (Track20, PMA2020), AYSRH (A360).
- Additional resources such as Saving One Million Lives, World Bank Global Financing Facility for states to leverage more funds

Suggestions to FMOH/SMOH

- Better coordination of partners and among Ministries, Departments and Agencies to reduce duplication of partner efforts and ensure optimal utilization of resources in the state.
- Increase allocation, release and actual spending to match donor FP investments while applying a business approach to development financing.
- Ensure HRH stabilization policies that exist, minimize knowledge and skill flight from frequent attrition, relocation and transfer of staff.

Track20

Avenir Health, Inc.

Introduction

Track20 energizes the family planning (FP) program in Nigeria by providing evidence that encourages FP commitments from donors, international organizations, governments and civil society to expand knowledge, access, use and quality of FP services.

Our Initiatives

- Provide an overall system to monitor progress towards achieving national, state and global FP goals
- Work with the Nigerian federal and state governments to support the monitoring and use of data in order to improve FP strategies and plans at the federal and local levels
- Enhance capacity of the Federal Ministry of Health (FMOH) officers in data collection and utilization.

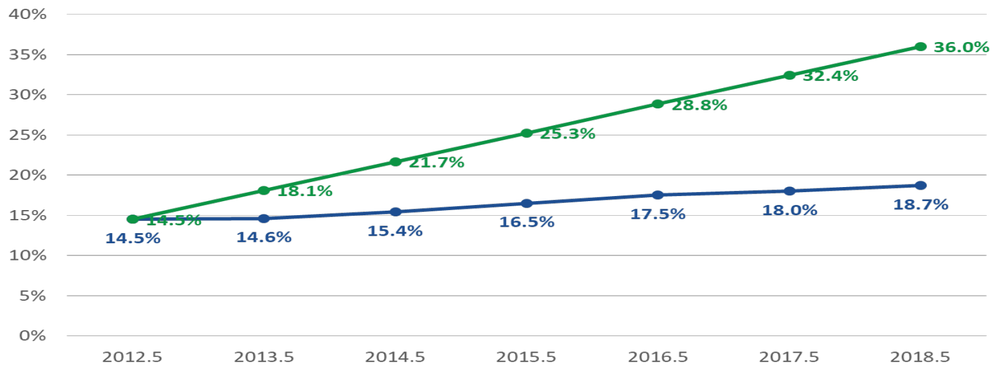
Our Objectives

Track20's work is centered around the following objectives:

- Standardize key FP indicators in order to monitor progress at the global level
- Build country level capacity to monitor progress in achieving FP goals and to use the results to improve programs
- Improve family planning monitoring data at national and global level to strengthen service delivery systems
- Estimate annual FP expenditures by national programs and donors
- Issue annual global reports detailing progress and lessons learned

Milestones

Throughout the project Track20 had enhanced the capacity of staff at the FMoH, Lagos State Ministry of Health (SMOH), and Kaduna SMOH, resulting in the generation of the annual FP2020 estimates.



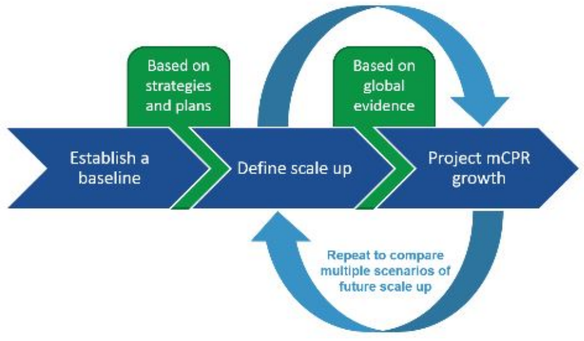
- Track20 conducted 3 consensus meetings at the National and Sub-national levels which helped to validate national, state and global FP2020 annual estimates.
- Track20 has also supported the Kaduna SMoH in prioritizing the Kaduna Child-Spacing Costed Implementation Plan (CIP) using the FP Goals Model.

Challenges

- Inadequate synergy between the FP program division and M&E departments.
- Lack of regular platforms for discussing FP progress at Sub-National i.e. State/Local Government Area level amongst FP providers, FP Managers and M&E Officers
- Quality and accuracy of existing routine service statistics

Program Innovation

- Utilization of the Family Planning Estimation Tool at the sub-national level allows the States to use the standardized indicators to monitor state-level progress, and more accurately aggregate progress at the National level
- Using the FP Goals model provides an evidence-based prioritization of high-impact interventions including targets, allowing stakeholders to choose from a variety of scenarios to achieve their FP goals.



Opportunities for Improvement

1. Use of FP Goals Model to identify FP interventions with the biggest potential to increase mCPR in the National and Sub-National CIPs.
2. Leverage on FP M&E sub-committees at National and State-level to monitor FP progress on a quarterly basis using the National Health Management Information System (NHMIS)/National FP dashboard and other available data sources.

Suggestions to FMOH/SMOH

1. Improve data coordination, access and availability across federal and state ministries of Health, Department of Family Health, Reproductive health Division and Department of Planning, Research and Statistics regarding FP data.
2. Stronger engagement and coordination from federal and state ministries of health regarding inter-governmental FP data access, discussions and use. Need to create coordinated, connected and streamlined FP data repositories that are managed at the state level but filter information to the Federal level.
3. Rather than utilizing separate data sources, ensure that standardized indicators and annual estimates, that are validated by federal and state ministries of health and their partners, are consistently utilized for program and policy discussions.

Technical Support Unit

Palladium

INTRODUCTION

The TSU is a BMGF-funded project designed to strengthen the capacity of the family planning (FP)/ reproductive health (RH) units in the Federal Ministry of Health (FMOH) and Lagos, Kaduna and Kano State MOHs (SMOHs) in leading the implementation of the Nigeria FP Blueprint and state-level Costed Implementation Plans (CIP) to ensure that Nigeria achieves its National FP goals.

The project supports the F/SMOHs to develop mechanisms to coordinate and align donors/partners (including BMGF grantees) with FP/RH priorities and build the stewardship of the F/SMOHs to allocate donor resources throughout the country. The ultimate beneficiaries of this project are the Nigerian public, who will be able to take advantage of more effective and high quality FP services. The F/SMOHs FP units also benefit from the strengthened technical and managerial capacity of its leadership and staff.

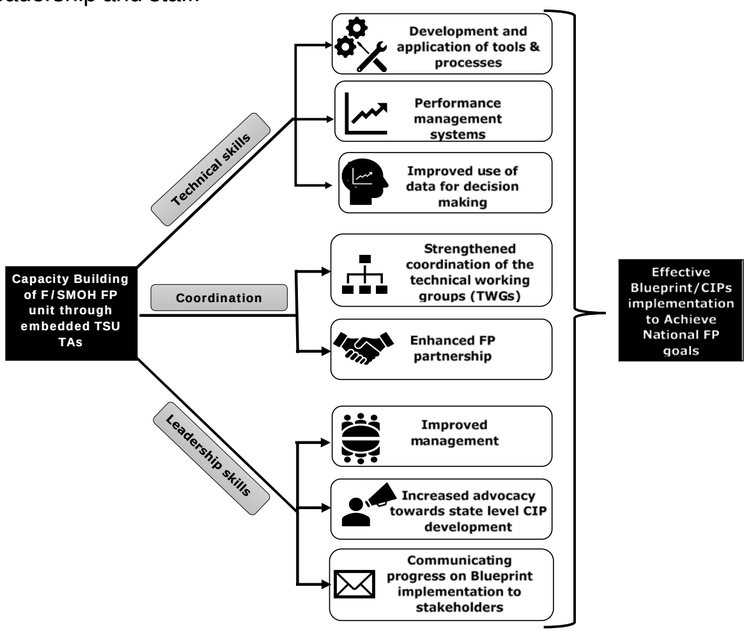


Figure 1: TSU project approach

TSU Project Approach

Embedding technical advisors (TAs) with expertise in leadership/ management and advocacy/ communications *(*areas identified for strengthening through capacity assessments*)* to work within the F/SMOH FP units is a key aspect of the TSU approach.

At the federal level, two TAs work with the FMOH. At state level, one TA (in each state) is co-located in the SMOH. These TAs support F/SMOH staff with policy, leadership and advocacy efforts, facilitate the development of tools and processes, coordinate the development of CIP performance management system, and work with Track20 to ensure the system is populated with current data. These activities enable F/SMOH staff to more effectively incorporate technical and managerial skills into their regular FP work, thereby contributing to achieving the Blueprint goals. (See *Fig. 1*)

MILESTONES

1. Improved National FP coordination

Over the last year, TSU supported the FMOH to remodel the structure and operations of the National Reproductive Health Technical Working Group (NRHTWG) to improve its effectiveness in leading RH/FP issues in Nigeria. The improved capacity of the FMOH to coordinate FP programming through the NRHTWG has unified donors and partners in the pursuit of a common national FP goal. The FMOH has used the NRHTWG to channel efforts of partners to its areas of need. Increased partner support has led to development of CIPs in 12 states and 14 other states are at different stages of CIP development. (See *Fig. 2*)

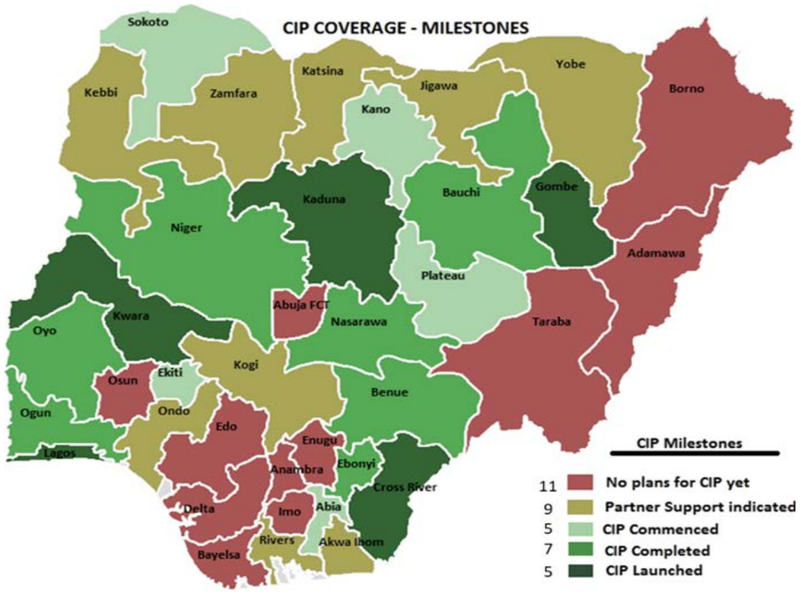


Figure 2: State-level CIP coverage

2. Development of a national DMPA-SC Introduction and scale-up plan

TSU supported a series of FMOH-led activities to develop a national DMPA-SC plan. These included: (1) establishment of a multi-partner DMPA-SC Steering Committee; (2) a strategy development workshop with key FP stakeholders; (3) a Uganda study tour for F/SMOH, regulatory agencies and implementing partners; (4) a national DMPA-SC quantification; and (5) a strategy validation meeting. All efforts led to a finalized plan, which has been approved by the Honourable Minister of Health as a national roadmap to effectively scale up access to DMPA-SC.

3. Revision of F/SMOH unified FP workplans

In order to sustain the progress of national and state level FP implementation and momentum engendered by having FP workplans, TSU supported the FP units of the FMOH and Lagos and Kaduna SMOHs to engage all key stakeholders to review and revise the 2016/17 FP Workplan and develop new unified national/state FP workplan for 2017/2018. Using the platform of the TWGs, all relevant F/SMOH officials and FP stakeholders were engaged in the review and revision workshops.

CHALLENGES

1. Differences in partners' and MOH's financial year leads to sub-optimal implementation of the FP workplans.
2. Difficulties in converging diverse stakeholders interest and expectations towards national aspirations.
3. Frequent rescheduling of planned activities due to competing needs of government officials.

PROGRAM INNOVATION

Adopting global private sector approaches into local non profit setting

The TSU adopted a private sector strategy execution approach (based on the Balanced Scorecard model) to public sector FP CIP execution. This necessitated adaptation of market oriented philosophies to social values and benefits. The CIP execution approach focuses on three key components: Systems set-up; Continuous monitoring; and Strategic communication (*See Fig. 3*).

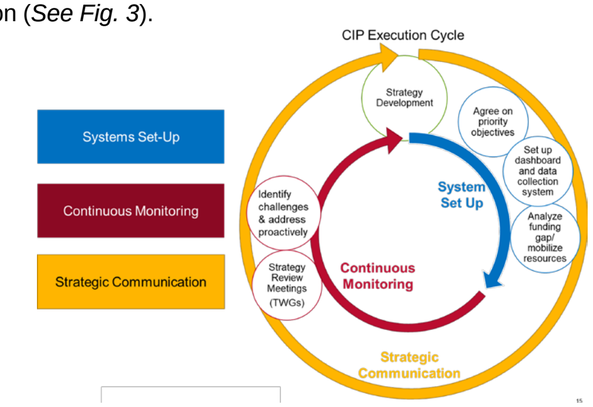


Figure 3: TSU CIP Execution Approach

OPPORTUNITIES

1. Donor coordination and TWGs meetings provide opportunities to address issues around diverging stakeholder expectations and FP work-planning.
2. Wide partner presence in national/state FP space which could be harnessed for CIP execution.
3. Current government efforts to create a national vision provides an opportunity to refocus resources towards FP programming.

SUGGESTIONS TO FMOH/SMOH

1. The F/SMOH should engage donors/partners to align their workplans to the national and state FP workplans.
2. F/SMOH should identify a few key FP indicators that define national aspirations, and get all stakeholders to report on them regularly.
3. F/SMOH should use the opportunities of scheduling tools such as outlook calendars to effectively manage day to day activities.

Working with PPMVs in Lagos to Expand Delivery of FP & PHC

Scope of Work

- Our pilot will test the feasibility of a “for-profit” digital service that improves the business and service delivery capabilities of PPMVs.
- The pilot will identify potential revenue streams for the digital business while demonstrating economic, social and health impacts.
- Finally, the pilot will explore the feasibility of integrating the ‘hub and spoke’ supervision model into the digital service, linking PPMVs and CPs.

Activities

PHASE 1: KEY RELATIONSHIP BUILDING

Nov - Dec 2017

PHASE 2: CONTINUED RESEARCH & PROTOTYPE DESIGN

Jan - Feb 2018

PHASE 3: COMMENCE-MENT OF MVP BUILD

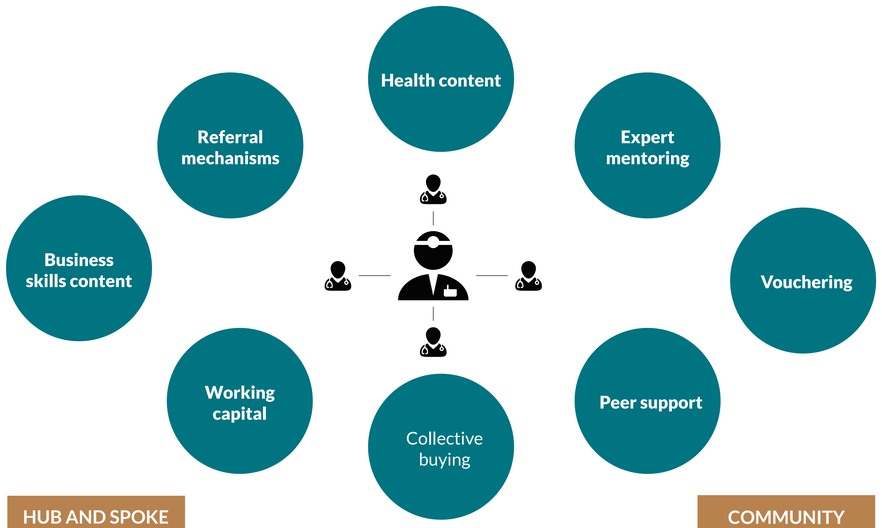
Mar - May 2018

PHASE 4: LIVE DELIVERY OF MOBI-SITE

May - April 2018

Project Vision

To develop a digital community which benefits PPMVs, CPs and PCN



Desired Outcomes

1. Strengthen and grow PPMV businesses
2. Strengthen their provision of PHC and FP to young Nigerian women in the lower half of the income distribution
3. Build links between PPMVs & CPs, encourage PCN registration

EVERY1 MOBILE | Unilever

Voluntary, Rights-Based Family Planning Project

Palladium

Introduction

The Voluntary Rights-Based Family Planning (VRBFP) Project was a two year program designed to implement a package of rights-based family planning (FP) interventions, and evaluate its impact on health and rights outcomes across Kaduna state, Nigeria.

The project operated in 24 public, primary healthcare facilities – 16 intervention sites, and 8 control sites. In order to test the efficacy of the VRBFP intervention package, the project collected baseline and endline data using the Rights-Based FP Service Delivery Measurement Tool, developed in collaboration with the Evidence Project, along with service statistics and focus group discussions.

The intervention package consisted of the following components:

POLICY LEVEL

- Supported inclusion of rights principles in the Kaduna Costed Implementation Plan (CIP)

SERVICE DELIVERY LEVEL

- Built provider capacity on human rights and the rights-based approach to family planning
- Developed facility actions plans focused on implementing a rights-based approach to FP
- Provided ongoing mentorship in support of realizing facility action plans
- Trained supervisors on the rights-based approach

COMMUNITY LEVEL

- Built capacity of Facility Health Committees (FHC) on human rights and the rights-based approach to FP
- Provided ongoing mentorship in support of realizing FHC roles and responsibilities, including in the area of human rights

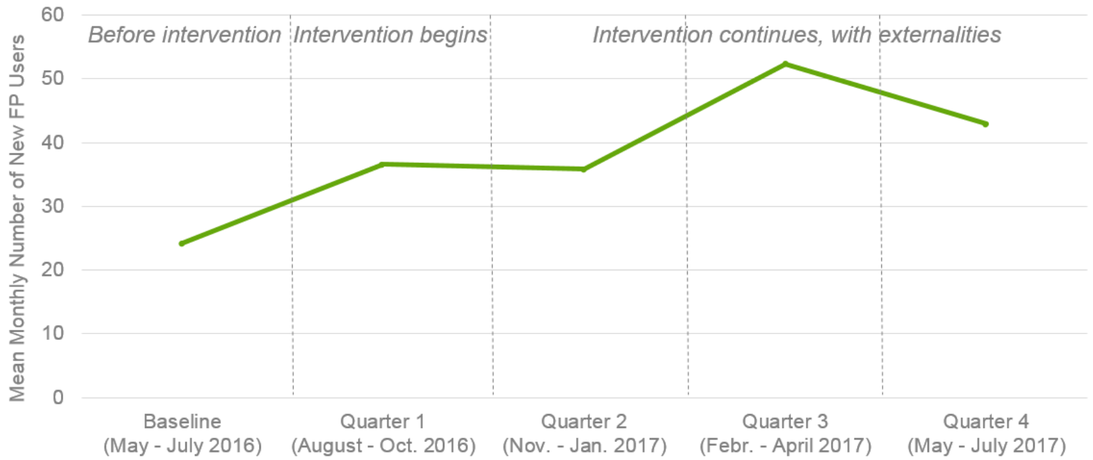
INDIVIDUAL LEVEL

- Developed and disseminated client education materials on human rights

Milestones

1. Intervention package fully implemented
2. Endline data collected
3. Project evaluation demonstrates positive impact of the rights-based approach

VRBFP INTERVENTION FACILITIES, SERVICE STATISTICS



Challenges

1. Missing health system pre-requisites in some facilities like running water, electricity, equipment, etc… challenge implementation; weak foundation on which to build any FP intervention, including a human-rights based approach
2. Existence of public sector externalities in chosen facilities that compromise service access, availability, and quality, as well as project impact
3. Crowded implementing partner space and saturation in eligible facilities; contamination a significant risk, which makes it difficult to attribute impact

Program Innovation

1. Developed client education materials on human rights
2. Applied the most comprehensive – to-date – rights-based FP questionnaire across facilities to evaluate impact
3. Empowered FHC to serve as the accountability arm for human rights
4. Facilitated and measured the provider “aha” moment in response to rights training and mentorship – elevating every day occurrences at the facility to the level of rights issue

Opportunities for Improvement

Lessons to apply in future rights-based programming:

1. Embed a larger policy-level component; importance of sensitizing decisionmakers to better understand their health obligations
2. Embed rights literacy in health provider pre-service and in-service curricula
3. Importance of building staff advocacy skills, evolving from passive recipients to active agents

Suggestions to FMOH/SMOH

1. Infuse all health provider pre- and in-service training curricula with a human rights module
2. Ensure that health providers receive their salaries on time; otherwise, this creates a perverse incentive to overcharge clients
3. Increase funding for supportive supervision, including increasing the number of available supervisors; ensure that supervisors have funding to make routine facility visits

Increasing access to reproductive, maternal, newborn, child, and adolescent health and nutrition services in Borno State

Women's Refugee Commission

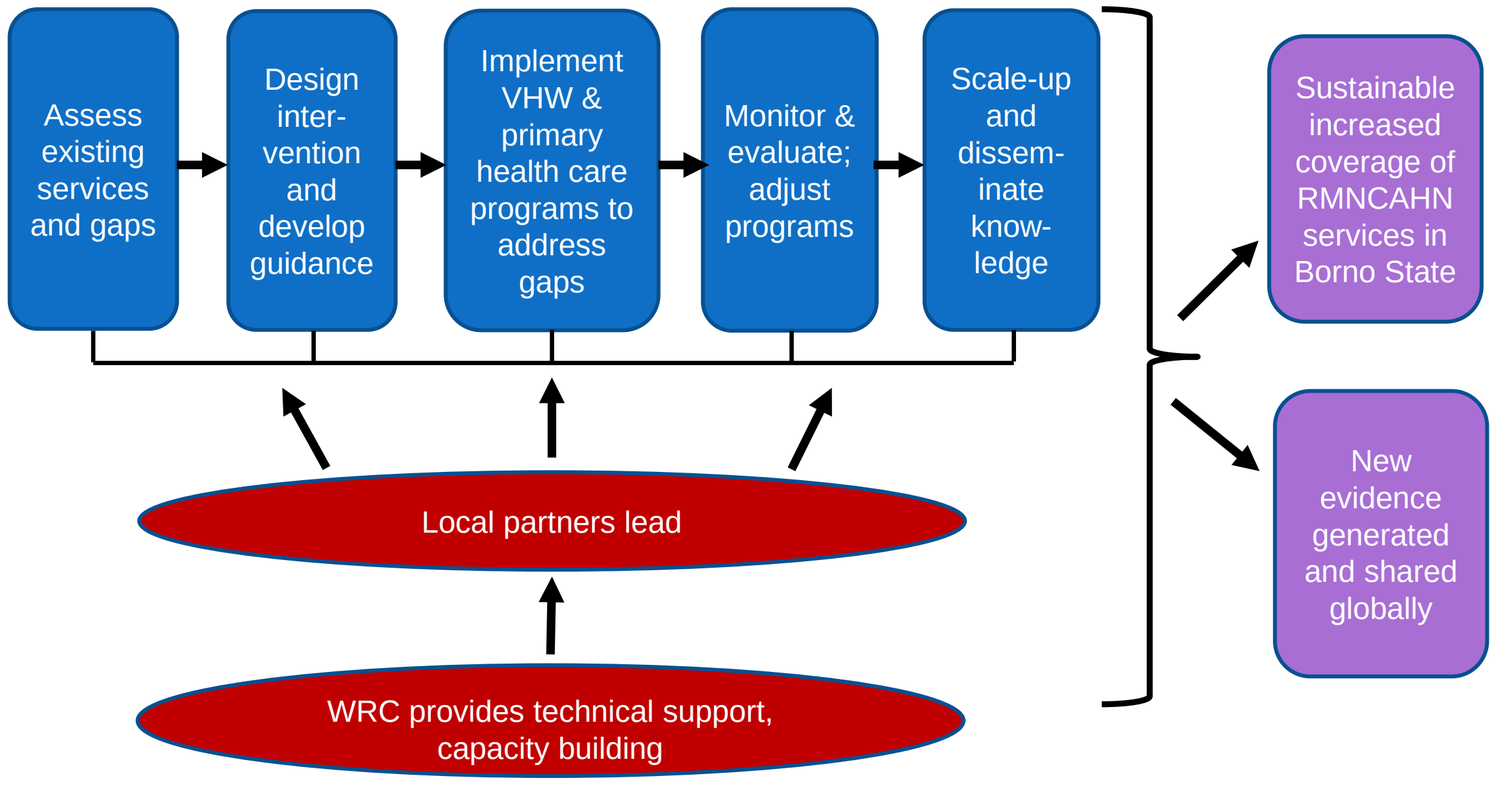
Scope of Work

The Women's Refugee Commission (WRC) will support the Borno State Primary Health Care Development Agency (SPHCDA) to lead a consortium of partners to develop and implement an integrated package of community and primary health interventions designed to increase access to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) services in Borno State.

The consortium will assess needs and gaps in current services, design and implement Village Health Worker (VHW) programming, address barriers to RMNCAHN at primary health centers, and document progress and learning along the way. In addition to the WRC and the SPHCDA, the consortium will include the Borno State Ministry of Health, the State Ministry of Reconstruction, Rehabilitation, and Resettlement, and other local implementation, research, training, and advocacy partners.

The three-year investment (November 2017–November 2020) is grounded in a capacity-building approach to foster local ownership and commitment to long-term sustainability as Borno State evolves from emergency response and recovery, to a more stable phase of development. The WRC will provide sub-grants to partners (including the SPHCDA) to implement this project that is designed to provide support to the government of Nigeria. WRC is a research and advocacy organization that provides technical support on research, monitoring and evaluation, advocacy, and training in complex settings to improve the lives and protects the rights of women, children and youth displaced by conflict and crisis.

Theory of Change



Activities

PHASE 1: Assessment and intervention development

- Map RMNCAHN needs, services, capacity, commodity security, and coordination mechanisms in Borno State
- Design VHW program guidance and materials, including:
  - state task-shifting guidance (aligned with nat'l policies)
  - state Costed Implementation Plan (CIP) for family planning
  - selection criteria for communities and VHWs
  - payment mechanism to compensate VHWs
  - linkages with primary health centers, supportive supervision, and commodity supply lines
  - indicators and data collection tools
- Identify and design complementary interventions to strengthen RMNCAHN care at primary health facilities in the same geographic locations

PHASE 2: Launch community and primary health care (PHC) interventions

- Select communities and VHWs; train and equip VHWs
- Deploy VHWs in communities and track services provided
- Launch primary health worker training and other facility-level interventions
- Build state capacity to collect and analyze routine data and apply findings to improve programming in real-time
- After 12 months, undertake a mixed-methods evaluation to understand successes and challenges to-date
- Adapt and adjust programming as needed

PHASE 3: Scale-up and knowledge-sharing

- Support the state government to adopt and scale up the VHW program state-wide, as appropriate
- Document and disseminate key findings from the project in Borno state, nationally in Nigeria, and globally

Desired Outcomes

- **Increased coverage of RMNCAHN services in Borno State**
  - Community-based RMNCAHN services and information expanded through VHW programming
  - RMNCAHN services improved at primary health centers
  - Strong state-led coordination mechanism established for RMNCAHN, with participation from key government & non-governmental stakeholders
- **New evidence generated and shared to inform community-based approaches to RMNCAHN in complex and challenging environments across the globe**
  - Findings from VHW and PHC interventions, capacity-building, partnerships, and M&E documented, including successes, challenges, and recommendations
  - Findings shared widely with diverse stakeholders

ANNEX B: Detailed group work outputs and takeaways

Government officials at Federal and State levels

Questions \ TOC area	Enabling environment	Demand generation	Service delivery	Coordination and Scale-up
1. For each TOC area, what did you find most surprising/interesting in the findings?	• Despite significant advocacy efforts, financial resources are still very limited • Many states have not made or released budget for FP	• Intention to use is increasing among youth, but use is not increasing (Lagos and Kaduna)	• Slow progress of mCPR in Lagos • Low rate of uptake of services from PPMVs in Kaduna	• Inadequate coordination at all levels • The coordination between BMGF grantees is not enough to drive FP collaborations
2. What are the implications at the national/state level?	• Limited sources of funding for FP	• Poor data collection and management (limited capture of private sector data including from PPMVs) with attendant insufficiency of adequate information that will influence policies and program development • Poor access of FP services and information to youth	• Some key populations are being missed • Poor engagement of PPMVs and clients not aware of service provision by the PPMVs which have led to low purchasing power of clients	• Poor partner coordination • Duplication of resources • Conflicting priorities • Divide and rule
3. Thinking about these findings and implications, is there anything you and/or another partner should do differently?	• The government of Nigeria to take the opportunity provided by the Global Financing Facility, the National Basic Health Care Fund and many others • The federal and state governments to streamline	• Sensitize and train community workers on data collection and create a cadre of supervisors to collate data from the community workers and transmit	• Support states to domesticate the Task Shifting Policy (TSP) • Conduct mapping and audit of PPMVs and use the data to classify them – who is doing what, who is registered or not, etc.	• Conduct regular mapping of partners and resources. • Government to lead partner coordination beyond just meeting quarterly

	planning processes for the health strategic development plans and FP CIPs, to reduce duplication of efforts and wastage of scarce resources • Partners to organize and engage the office responsible for Economic Recovery and Growth Plan (ERGP), advocate for FP as a development issue using Demographic Dividend and other issues as applicable • Encourage public-private partnership (PPP) to enable that sector support important health/FP interventions in exchange for tax incentives	• Introduce e-reporting in facilities (in Kaduna) and provide a data visualization software for supervisors at the state MOHs • Initiate ASRH clubs in schools and conduct edutainment activities (drama, shows, etc) • Revise youth RH policy to remove access barriers at facilities • Develop and implement communication strategies and materials to support parents/care-givers to provide age-appropriate sexuality education to their children • Increase the use of social media to create demand among youth	• Engage the association of PPMVs through their associations to ensure they follow government regulations in service provision and reporting • Ensure PPMVs are appropriately covered	• Integrated strategic plans to know more about what is happening
4. Top 3 recommendations of actionable changes/ solutions	• Mutual transparency between Government and partners on programmatic funding of activities	• Domestication of the national FP communication plan with particular focus on youth	• Commodity security: States should fund last mile distribution	

Questions \ TOC area	Enabling environment	Demand generation	Service delivery
1. What did you find interesting/ surprising about the TOC in your area?	• Costed Implementation Plans (CIPs): - Only 6 states have completed CIP development while other states are either still in the process or have not been developed (including Borno, Adamawa, Taraba and FCT). - A number of developed CIPs are due for review in 2018. • A number of states don't have the Task-Shifting Task-Sharing policy (TSP) domesticated but are currently engaging in some form of task sharing amongst human resources for health (HRH). • Funding for family planning (FP): - Despite allocation, there was a persistent shortfall between committed and released funds for FP commodity procurement. - Absence of information on state level funding for FP • Resistance to data use comes from the presence of multiple data sources • mCPR in Lagos is trending downwards despite increasing access	• Increase in users of implants over injectable. • Intention to use contraceptives is increasing but it's not translating into actual uptake. • Increasing media exposure (traditional media) as sources of FP information: - Radio/TV: very high in Lagos - Radio: very high in Kaduna - CHW: very low in the 2 regions	❖ **Surprising/ interesting** • Low levels of exposure to FP messages by community health extension workers (CHEWs) in the two focal states • Implants and emergency contraceptive (EC) are out of stock in government facilities • Implants: Not enough national stock • EC: Government does not stock EC, however, this is counted as a family planning commodity • There is increasing level (access) across both states, however, the lower rate in Kaduna might be due to the lack of coordination, the purchasing power of the clients and willingness to pay ❖ **Not surprising** • Not surprised about the service delivery outcome in states because: - There are more community health officers (CHOs) in Kaduna than Lagos state

	and intention to use and a more positive enabling environment		- CHOs don't routinely provide family planning services in Lagos state • Kaduna is public sector dominant, while Lagos is private sector dominant. - It could be UNFPA-funded Sayana® Press community level work in Kaduna • Private sector (PPMVs, CPs) don't generally provide 5 commodities. • Data are not hugely surprising/ concerning. However, while stock out of implants decreased, counselling on side effects for implants also decreased?
2. How do the above affect your work?	• Inadequate capacity to coordinate/track CIP (implementation and progress by government – federal/ state) - Inadequate linkage of available funds released to CIP activities that will drive increase in results in mCPR growth - Lack of CIP disrupts the holistic nature of the work we do - It provides an opportunity for the consortium because states without a CIP do not have a plan and budget cannot prioritize	• In Kano, dRPC has faced the challenge of driving demand. Due to inadequate numbers of skilled staff in facilities, the intending users cannot access FP services. • Increase in implants and the desire for the method have been seen among adolescents in Lagos, Oyo and Ogun. The need to get parental consent for any invasive method of contraception discourages adolescents (15 -17) who want long-term method (LTM).	• Opportunity to train more CHOs to provide modern FP methods especially in Kaduna state. • It could be a challenge for centralized reporting as some grantees and UNFPA (GPRHCS) track 3 commodities, whilst PMA2020 tracks 5 • Advocacy for funding for community outreaches and supervision – to be led by the government.

	• Failure to domesticate TSP encourages inter professional rivalry creating a hostile environment • We don't have a tool for evidence-based advocacy - It hinders development and implementation of key advocacy, accountability and implementation tools such as the CIP - Reduces our ability to carry out evidence-based advocacy - It hinders advocacy and donor/partner engagement • Insufficient use of data to drive decision-making, i.e., prioritization of CIP activities/resources • Implementation of interventions by grantees appear to be in 'silos'/ overlapping in geographic space – which leads to duplication of efforts/wastage • Implication of financial commitment on scale-up - Poor/non-release of funds means high impact activities are not brought to scale (donor driven interventions) - Strengthen budget tracking to the funds released for specific activities	• The findings around exposure to FP messages and other areas will feed into and enrich the evaluation of MTV Shuga by Tulane University.	• More focus on the private sector in Lagos state to achieve the national goal. • If there is no clear national guideline on EC, there will be repeated stock outs during surveys. • Grantees should more consistently integrate quality of care (QOC) and rights measures into their routine monitoring (VRBFP and NURHI tools) • Acceptability shows an opportunity for expanded access. • It is an opportunity for grantees work especially for projects focusing on access of FP services through the PPMVs. However, this poses a risk due to regulatory restrictions on what they can provide.

	- Need more advocacy to highest levels of government (Delta/Plateau case study)		
3. What does it mean for other work across the portfolio?	• Lack of CIP: - Working without a CIP causes projects to work in silos – lack of coordination - Absence of appropriate guidance via a CIP hinders scale up • Donor fatigue • It affects our ability to meet our targets – limited output and targets • Limits access to services • Reduces quality of care • It negatively impacts advocacy, decision making, planning and course correction.	• Various grantees/ partners work more closely with Track20 to facilitate turning data to action. Track20 collated data from various sources, it is needful for Track 20 to support partners to report their data. • Clear national policies and guidelines that provide an enabling environment to protect FP providers (private & public) offering FP services to young people. • National Training Curriculum of Providers and other capacity development programs should include modules that focus on - Attitudes & Perceptions - Value Clarification - Youth Friendly Services • Government should include ASRH under one roof to provide a dedicated space for providers to serve adolescents and young people • SMOH/PHCB to include ASRH (Mobilization of Young Persons for Contraceptives Services) to the job description of state and LGA mobilization officers/ health educators	• They would form part of the category of health workers (HWs) to be trained by the various projects, i.e., NURHI 2, PPFP, IntegratE • IntegratE: The tiered accreditation system of PPMVs will enable them to provide more services and increase access to services from the private sector • PPFP to work with the private clinical sector to ensure provision of a full range of commodities. • Leverage on routine immunization or any other program that involves outreaches or take the CHEWs into the community • PPFP, IntegratE will continue to work with the private sector to ensure they provide full range of commodities. • All grantees should work with government to strengthen commodity forecasting and supply chain management • More supportive supervision and on the job training (OJT) by grantees implementing service delivery

			• Area of focus for quick wins and the use of injectables • IntegratE project working with CHEWs for the LARCS through the Tier 3 will expand access of services through the PPMVs
4. Thinking about these findings and their implications, is there anything you and/or other partners should do differently?	• Advocacy - Increased use of data for evidence-based advocacy - Practice one voice advocacy - Advocacy efforts to target Governors with FP advocacy messages tailored to local contexts (Demographic Dividend/ health implications) – AFP, dRPC, NURHI 2, AAFP, ASG - State-level strategies to determine state FP goals and national-level strategies to determine national FP goals (bottom-up approach) - Review some advocacy approach for scale-up based on current evidence to identify new/unusual target audiences - Incorporate feedback/data use in community advocacy and strengthen participation • Capacity building - Strengthen management capacity of program managers (Govt) to coordinate/track CIP	• Turn data into action: More cross sharing/learning across projects, talk more, coordinate & collaborate more and take learning to the next level. • Strategic mobilization of women of reproductive age (WRA) including adolescents (based on average age of sexual debut at 16-17, NDHS 2013) – identify and mobilize those that have a current need for contraceptives • Improved data coordination between partners, grantees and government. Make data available for partners to use proactively. • Grantees to explore internet-based access to information on family planning for young persons, i.e. Facebook, Instagram, Twitter). • Reframe the phrase ‘Family Planning’ to a more acceptable phrase with target group and community.	• Encourage states to take the lead in conducting outreaches: - Incentives for outreaches by partners not sustainable. - Scale up IPCC training for the CHEWs in the context of the maternal, newborn, and child health (MNCH) continuum of care. • Working with the officers in charge (OICs)/ supervisors to ensure that the CHEWs spend the stipulated number of time in the communities and hold them accountable for the outreach calendars. • We need to make sure that in public sector facilities, consumable costs are not a barrier to use. • Inclusion of Logistics Management and Information system (LMIS) in FP dashboard to help in proactive management of commodities. • Advocacy with Federal/ State government for funding of Last Mile

	implementation – TSU, Track20, TCI - Develop strategic CIPs (with scale-up approach) using FP Goals Model to prioritize high-impact interventions – TSU, Track20, TCI, AFP - Grantees to be more accountable to the CIP implementation/ documentation • Coordination and Collaboration - Adopt peer learning, e.g. via study tours - Increased collaboration amongst grantees - Better documentation and dissemination of findings • M&E - Continue to work towards improved data collection, analysis and dissemination - Identify/develop standardized guidelines for CIP development/ M&E framework with "trackable" indicators (priority indicators); abridged CIPs with infographs		Distributions (LMDs) which are mostly inadequate at the state level. • Advocacy to the state to lead the supportive supervision. • Review existing checklist and integrate quality of care (QOC) questions permanently • Support dissemination of the DMPA-SC strategy • Opportunities to scale up training of providers on administering Sayana®Press at low cost • Getting the government to endorse the tiered accreditation system and provide all the necessary support
5. Do you need more information to move forward? If so, what do you need to know?	• Information on state level funding FP • Information on cost-effective/priority interventions by state • Information on implementation of policies at the state level	• The increase in users of implants - What are the demographics of these users? - Are they switched users or new users? • Media exposure to FP	• Encourage states to develop standards of practice (SOPs) for implementation of the state adapted TS/TS policy. • Clarification on the standard number of commodities to track (at least 5 or 3?)

	• Information on Gates funded partner activities within FP across all states. • Updated partner mapping • Repository of relevant government polices at state & national levels • Ensuring that CIPs pull down from policy and evidence	- Impact/role of social media as a source of FP information - How does social media complement traditional media? • Increased intention to use contraceptives - Which groups make up the intending users? What are their demographic characteristics? - More information about the reasons/ barriers for not using (Qualitative study)	• Clarity on separate indicators for number of commodities to track based on the tiered accreditation for PPMVs. - Are they trained on FP IPCC? - Are they spending too much time in the health facilities, and reduced time in the community? • HRH shortage (inadequate number of nurse/midwives) • Availability of functional outreach calendars • Include stock status as a theme in Federal/State RH TWG • Is it as a result of staff transfer/unavailability of trained staff to provide counselling for LARC in Lagos (during the survey period)? • Source of Sayana® Press in Kaduna state? • Is the government rolling out free Sayana® Press to all states to enable adequate documentation? • The number of commodities being tracked in the non-clinical private sector

6. Top 3 recommendations of actionable changes/ solutions for your TOC?	• Improve data coordination and use at FMOH/SMOH levels and across grantees • Review of advocacy targets/ messaging for our advocacy efforts • Strengthen the capacity of FP managers to re-design the CIP with a scale-up approach and to manage the execution of the CIP • Review of policy around adolescent and youth sexual and reproductive health (AYSRH) services • Advocate to states to provide resources for development/review of CIPs • One voice advocacy for budgetary allocation	• Review providers training curriculum • Increase use of social media platforms for FP messaging - Promote green dot logo - Reframe the name family planning - Tailor FP messages to be relevant at different life stages of WRA and men. • Engage social mobilization officers, health educators, ward development committee (WDC) - Train and give mandate to mobilize WRA to health facilities	• Efficiency gains - Public sector funding for supportive supervision will reap dividends ▫ On the job training (OJT) ▫ Quality and rights ▫ Accountability – CHEWS in community ▫ Stockouts • Supply chain +/last mile - Training, forecasting, distribution for effective supply chain management - Local procurement so less dependent on Federal supply - Integrated supply chain needs to be more efficient • Operationalize task shifting-task sharing policy public and private - Set up systems to monitor quality of care (QOC) provided in PPMVs = access + quality solution
7. Cross-cutting action or additional opportunities for collaboration that would accelerate mCPR growth	• Agree on a common data point - FP2020 annual estimates and institutionalizing the capacity to generate these estimates and domicile it on the National FP Dashboard - Leverage on collective competencies across the FP portfolio to advance the impact of our work	• FMOH and human rights commission to push for waiver in offering FP services to minors • FMOH and Ministry of Education to discuss review of family life and HIV/AIDS education (FLHE) • Partnership with skill acquisition centers	• State government biennially updates to service delivery mapping register of all IPs • Protocol for partner engagement at state level - Circulate broadly - How to engage in state (letter) - DSA alignment - Not paying extra incentives

	• Support SMOH/FMOH to prioritize the CIPs and grantees to ensure our workplans fit into the revised CIPs • Harmonization of data management systems for improved data quality and use for decision-making		• Empowering state TWGs – Government of Nigeria - More frequent meetings - Dissemination and findings - Feedback and next steps/follow-up
8. Burning questions that would help your TOC area move forward more quickly	• Is the FMOH/SMOH ready to pay the "potential price" of prioritization? • How can Government leverage the presence of donors in some states to drive their expansion in other states? • How can we improve accountability? • How can we engage more with other relevant stakeholders?	• What is the experience of using peer testimonies to improve intent to use contraceptives?	• How do we do this in the context of government challenges?

ANNEX C: Meeting evaluation results

MEETING EVALUATION RESULTS
MARCH 21 - 22, 2018 – LAGOS

1. Overall workshop rating (from 1-10)

Average	**8.50**

Additional comments or suggestions :

- ✓ Good time management
- ✓ Practical discussions on field activities and how to implement
- ✓ I appreciate the process evaluation as it informed us where we should improve - this has paved way for discussion as to how to resolve challenges
- ✓ Keep it up. Coordination and mobilization of participants was top notch!
- ✓ All grantees/partners should be encouraged to reside at the hotel or nearby to allow post-workshop networking/side meetings to enrich our collaboration across the FP portfolio
- ✓ Good time management, well-designed sessions

2. Summary ratings on whether the meeting achieved its objectives (from 1-10)

Objective	Average
Provide an update on BMGF FP investments in Nigeria	**9.1**
Present and reflect on FP CAPE's first year evaluation findings of the BMGF portfolio of FP investment in Nigeria.	**8.8**
Engage in a collaborative process to prioritize implications of findings and suggest updates to the Theory of Change.	**8.8**
Identify key directions forward in developing and promoting exchange and coordination among grantees.	**8.3**

Additional comments or suggestions:

- ✓ Well delivered
- ✓ Not enough time to give updates on BMGF FP investments in Nigeria for all grantees understanding
- ✓ "Identifying key directions forward" is not very concrete – would be helpful to have a session where clear next steps are articulated
- ✓ All participants were actively engaged in the process – wonderful!
- ✓ There still needs to be more regular partner engagement to align agendas

- ✓ Perhaps for future meetings invite other relevant partners – National Population Commission, PRS of FMOH
- ✓ I think it would be beneficial to have more designated time to learn about and from each other's' work. Perhaps building in some time to talk with each other outside of coffee breaks to build greater relationships.
- ✓ I hope the evaluation findings will be emailed around after the conference
- ✓ Is a good meeting, all the objectives were well-addressed
- ✓ More time and concentration on coordinating grantees
- ✓ Break up group work vs. presentations between the days
- ✓ Suggest spending more time explaining findings, then provide printed copies for everyone to review. It was difficult to remember all the data during discussions as there were not enough copies for the table. When groups present, ask them to tie recommendations back to data (e.g., show data on slide during the presentation)
- ✓ "Way forward" maybe needed some more time but was an excellent meeting

3. How would you rate amount of information presented during the seminar?

Amount of Information	Frequency
Too much	**1 (2%)**
Just right	**38 (90%)**
Too little	**3 (7%)**
Total	**42**

Additional comments or suggestions?

- ✓ Apt and concise, using participatory approaches
- ✓ Could soft copies of presentations be shared with participants – that would help discussions with key decision makers within the partner organization.
- ✓ It was a lot but all valuable
- ✓ There was enough information to achieve the set of objectives of this meeting
- ✓ More hand-outs for reference or pre-reads
- ✓ I think half of the time spent on group work on Feb 21 could have been spent engaging one another about the project they are working on and the other half on answering the 5 questions.

4. Summary ratings of Gallery Walk session/Poster demonstration - How useful did you find the Gallery Walk session/Poster demonstration?

Session	Usefulness Mean Score
Gallery Walk/Poster demonstration	**7.8**

- ✓ The arrangement can be more coordinated. The posters kept falling off – maybe to use a bigger hall.
- ✓ There was not adequate time to go through this. Copies should be present in folder or sent to email addresses.
- ✓ It has become clear the role played by each grantee
- ✓ I expected a practical gallery walk where everyone gets to summarize their work to the team.
- ✓ It should have actually been a "gallery walk" such that partners are able to present and report on issues around their work.
- ✓ It was too short so people didn't really get a feel of the updates shared.
- ✓ I would have liked more time devoted to sharing best practices, what's working, what doesn't work, etc.
- ✓ The organizers should have the soft copies of the posters with the participants
- ✓ I would have liked all grantees to have flash talks. I also hope the posters can be made digitally available.
- ✓ Very useful to see what other partners are doing
- ✓ Grantees should have walked us through their posters
- ✓ Best part
- ✓ Great these were available throughout the session
- ✓ A compendium of the posters included in the meeting folder may have been more useful
- ✓ Did not have time to really read. Can these be sent to participants electronically before the meeting?

5. Summary ratings of small group work - How useful did you find the small group reflection work?

Group Work	Usefulness Mean Score
Small group reflection work on the implications of findings by TOC area (day 1 group work)	**8.3**
Small group work on portfolio-level gaps and actions (day 2 group work)?	**8.1**

Additional comments or suggestions?

- ✓ The mix of the group was rich in generating robust discussion and recommendations.
- ✓ Found some of the finding questions too similar to each other- perhaps too many or better to provide them all at once.

- ✓ Given voices to know the problems in details and exchange ideas based on our differing experiences
- ✓ It helped partners to look at issues holistically not in silos based on individual partners. Also helped to articulate thoughts and ideas into actionable steps.
- ✓ It fostered a lot of team building and mutual understanding of issues
- ✓ Short and quick session. More time would have been of additional value.
- ✓ It was very helpful in conceptualizing our work within the big picture. For the group work on gaps/actions, it probably should have come up earlier as people were already tired.
- ✓ It would have been better if all groups had their feedback on powerpoint and shared with all participants to review and learn before the second group work
- ✓ For new comers and those working outside of certain geographies, the data presented and activity was less applicable.
- ✓ We had a lot of time for the first group exercise and I think our group lost some energy because of that. I found the day 2 group work really good and valuable
- ✓ Group work day 1 – great topics with very enjoying discussions
- ✓ Was useful but the group I was in was easily distracted or having other conversations. Was frustrating sometimes getting people to participate fully and on the same page.

6. Has the meeting inspired you to change or to introduce new ideas in your work?

A total of 37 participants responded "Yes." Comments included:

- ✓ Yes, it has, especially with translating data to action
- ✓ Yes, especially regarding coordination
- ✓ Yes, I've been able to identify areas of major concern to government
- ✓ Yes, allowed our project to gain visibility and traction so other projects can utilize our expertise
- ✓ Yes, it has helped me think of new ways to better apply the information n CIP
- ✓ Yes, using the learnings of many surprises to tweak our work
- ✓ Certain themes arose that will certainly be considered
- ✓ Yes, I certainly intend to connect with other grantees as a result of this meeting
- ✓ Yes, it has. Looking for more innovative ways to carry on advocacy and areas of collaboration
- ✓ Yes, cross grantee collaboration to avoid duplication and double counting of data
- ✓ Yes, to introduce rights-based approach into training plan for counselling especially for the PPMVs in the private sector.
- ✓ Very inspiring
- ✓ It has given me an idea of what issues are and where we may be able to intervene

7. **How do you intend to apply the knowledge gained from this meeting in your work during the next six months and beyond?**

- ✓ Review the workplan in line with various suggestions that are beneficial to the project
- ✓ Support government revising the CIP and including priority activities.
- ✓ In planning, coordination, collaboration, technical support and capacity building
- ✓ Importance of following up with other grantees and share materials
- ✓ Discuss with my colleagues and start implementing some of the ideas
- ✓ I intend to be applying the TOC, making some adjustments to ensure that we improve greatly in our activities to achieve goals.
- ✓ I will put together a concept note on introducing rights-based message into my program.
- ✓ Need to review program workplan and see how we can align our work to address the problematic areas
- ✓ Revise our workplan to include activities to address portfolio gaps within our mandate
- ✓ Leverage the visibility to access data on implementation
- ✓ Engage more with partners that can contribute to our work and identify and explore areas of synergy.
- ✓ Consciously look out for people working in the same space so that we can engage and collaborate properly.
- ✓ Strengthening local actors
- ✓ Reprioritization & target setting
- ✓ To review existing tools and strengthen the rights-based approach through our current human centered design for addressing the providers bias
- ✓ Review the workplan and activities using the key recommendations
- ✓ We will use PMA2020 data for our programming
- ✓ As a new grantee this was hugely helpful and provides a great foundation to revisit my workplan.
- ✓ Revise workplan
- ✓ I will deploy what I gained in advancing my policy and advocacy work
- ✓ Review and evaluate existing plan
- ✓ I have an opportunity to review our grant within the next 6 months and I intend to use a lot of these suggestions
- ✓ Cross learning from grantees and government to leverage resources
- ✓ Opportunities for integration
- ✓ We will review available data and think about its implications in setting our own M&E targets

- ✓ First, sharing information/experience garnered to enable us (me and the team) to be on the same page. Second, re-tweak workplan to capture prioritized interventions. Third, engage more constructively with partners.
- ✓ Review our workplan and activities to look at including the rights-based approach and also look at cross-partner collaboration
- ✓ Further analyze available data to assist other projects in answering their questions and the government in making timely evidence-based decisions.
- ✓ Knowledge gained from the meeting will help in identifying how to focus, where to focus, and how to signal out increase in uptake in FP services and programming in my state
- ✓ To improve on methodology
- ✓ Strengthen collaboration with other IPs
- ✓ Be more intentional on collaboration and leveraging
- ✓ Review some activities planned; coordinate better with other grantees at the state level
- ✓ Meet with team in Nigeria to discuss
- ✓ Adapt some of the issues raised here into workplan revision or implementation.

8. Overall score on whether the meeting met expectations (from 1 "completely not" to 5 "completely, yes")

Average	**4.7**

Additional comments or suggestions?

- ✓ Excellent
- ✓ Seem a lot, crammed into two days. The first group work needs shortening to ensure understanding and maintain interest
- ✓ Good meeting, very stimulating
- ✓ I expected more on grantee coordination
- ✓ It (expectations) will be completely (met) if we can actually implement issues that have come up

CROSS-GRANTEE-LEARNING DAY EVALUATION RESULTS
MARCH 20, 2018 – LAGOS

Summary ratings on whether the Learning Day achieved its objectives (from 1-10)

Objective	Average
Promote portfolio-wide collaboration and exchange information	**8.4**
Enhance grantee knowledge and tools to help support project implementation	**8.3**
Generate critical questions and productive discussion to carry forth into the Annual FP Partners Meeting	**8.5**
Where relevant, **identify solutions** to persistent and common challenges	**7.9**

Additional comments or suggestions:

- ✓ I think the main issues were identified during the main workshop. I thought the cross learning focused on few areas of interest
- ✓ More time is required for exchange of knowledge on tools. So, I suggest fewer issues to be discussed than the 3 discussed this year.

Summary ratings on mini-sessions/presentations

Mini-Session	Average
Demographic Dividend	**8.4**
Voluntary Rights-based Family Planning (VRBFP)	**8.4**
Data Use and Opportunities	**8.7**

Additional comments or suggestions:

- ✓ The demographic dividend presentation stimulated lots of interest and should be covered within this room
- ✓ For the VRBFP presentation, the cohort was not wide enough to establish a useful conclusion on the issues
- ✓ Data should be strategic and simple enough for all our stakeholders to understand