



FP CAPE

Family Planning
Country Action Process Evaluation

***Introducing a structured systems-thinking approach
to uncover ongoing supports and barriers
in a network of family planning activities***

November 2 2018



UNC
CAROLINA
POPULATION
CENTER

FP CAPE TEAM

Kristen Hassmiller Lich, Meghan Corroon, Sian Curtis (authors) ★
University of North Carolina at Chapel Hill

★ *Sian*



★ *Meghan*



★ *Kristen*



Objectives

01 What is FP CAPE?

03 How are maps completed?

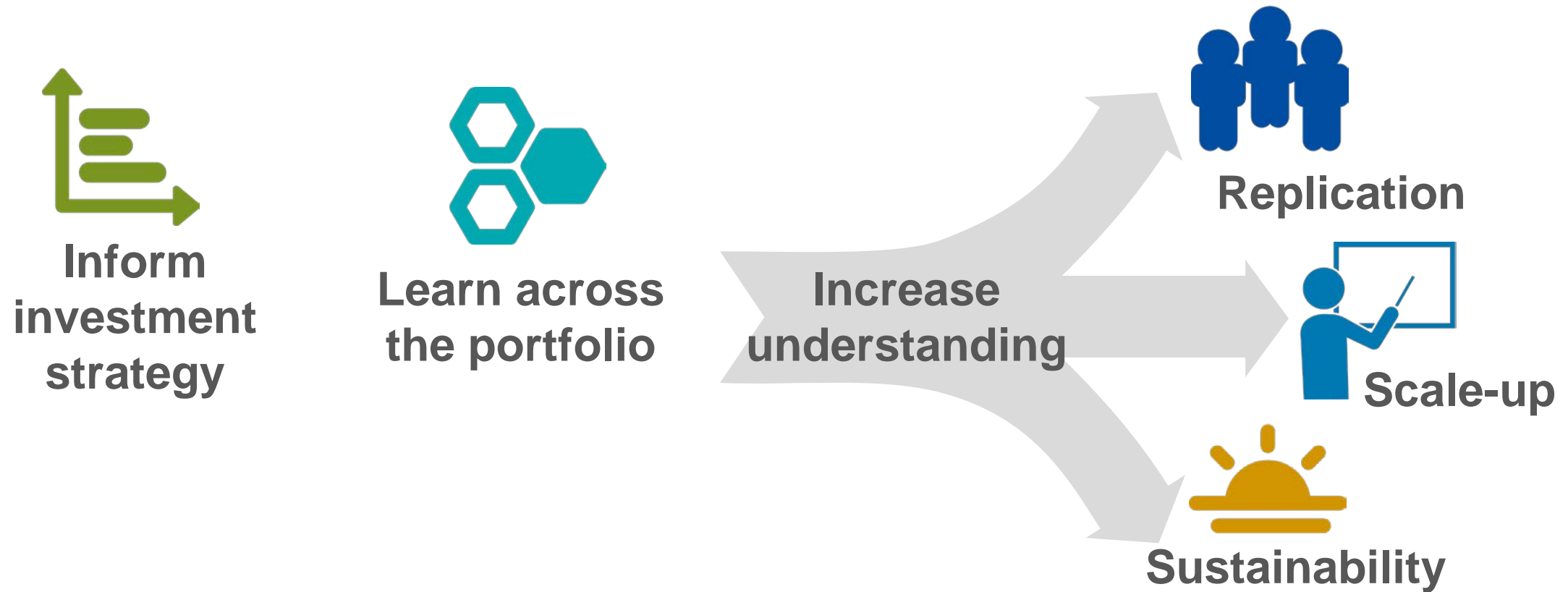
02 What is System Support Mapping?

04 What do we learn from the maps?



FP CAPE evaluation objectives

The purpose of FP CAPE is to generate evidence on how and why a portfolio of investments is/is not driving change in key reproductive health outcomes.



Theory of change: BMGF Nigeria investment portfolio

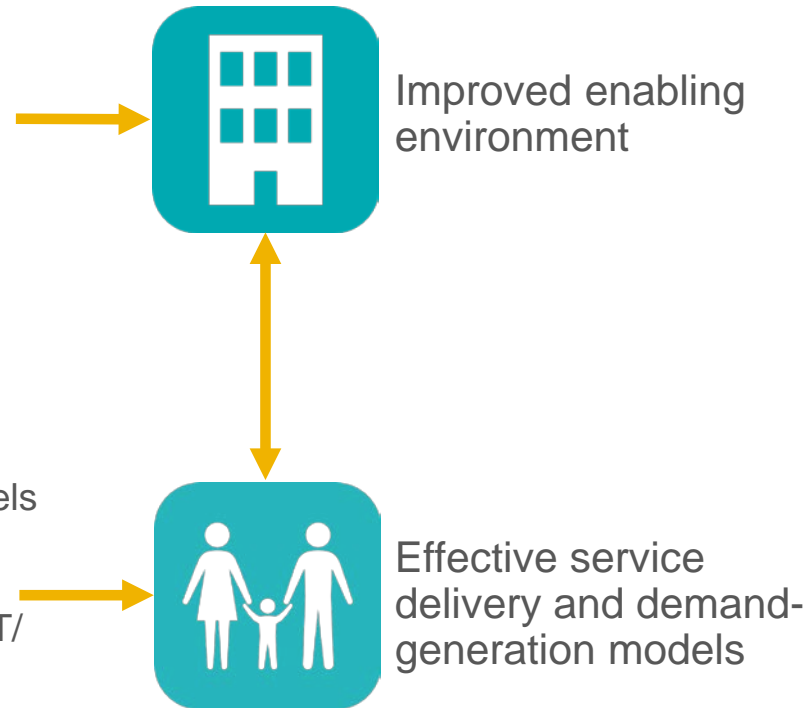
Investment Portfolio

National/State-Level Development

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

Model testing and learning

- ▶ Demand-generation models (NURHI2, A360, MTV Shuga, DKT-Customer Care)
- ▶ Primary health care service delivery models (NURHI2, A360, VRBFP, PFPF, DKT, Unilever UK, IntegratE/SFH, WRC)
- ▶ New methods through private sector (DKT/Sayana® Press)



Theory of change: BMGF Nigeria investment portfolio

Investment Portfolio

National/State-Level Development

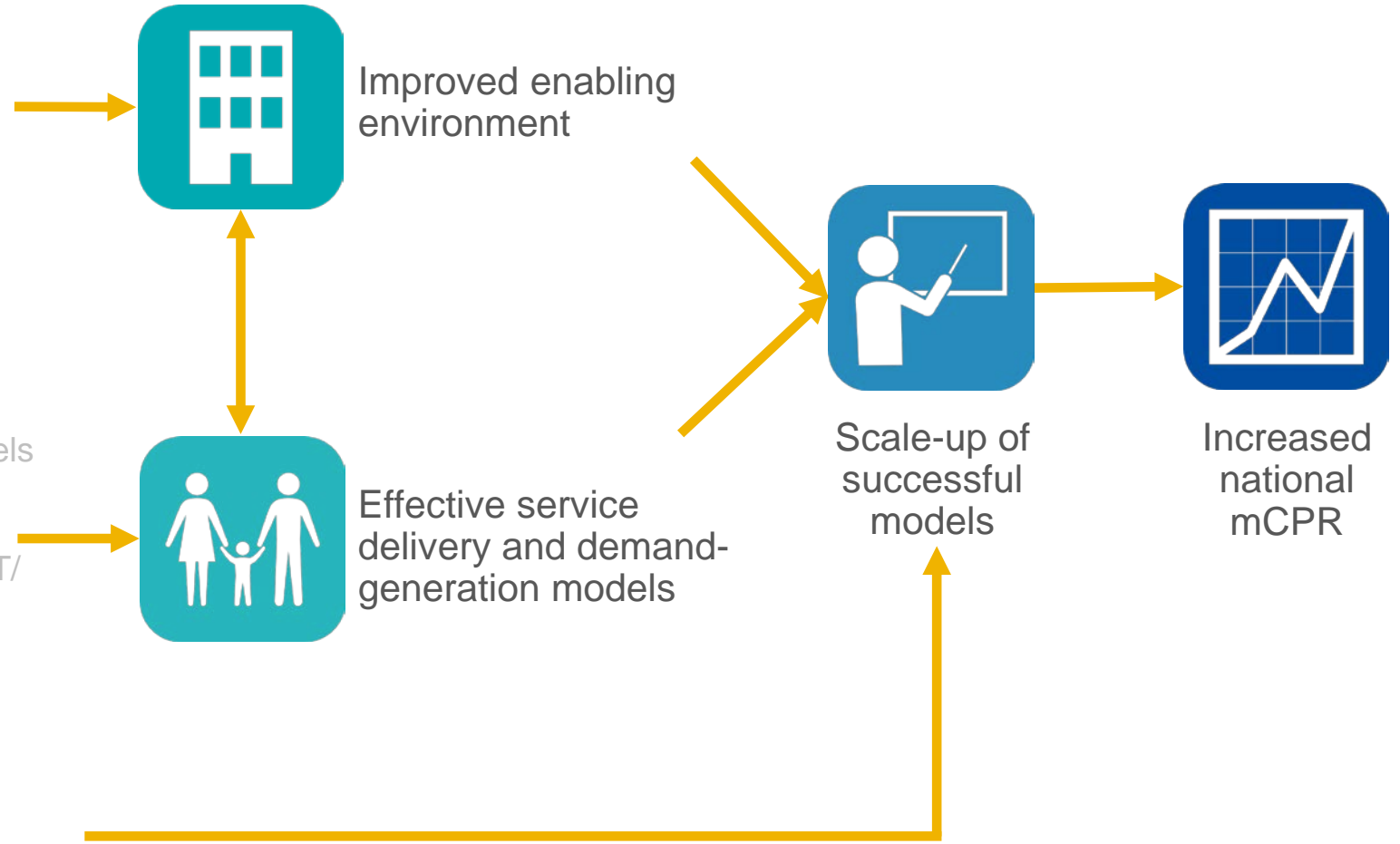
- ▶ Advocacy (AFP, PACFaH, NURHI2, ASG)
- ▶ Government of Nigeria management capacity (TSU)
- ▶ Data generation and use (PMA2020, Track20, CHAI)

Model testing and learning

- ▶ Demand-generation models (NURHI2, A360, MTV Shuga, DKT-Customer Care)
- ▶ Primary health care service delivery models (NURHI2, A360, VRBFP, PFPF, DKT, Unilever UK, IntegratE/SFH, WRC)
- ▶ New methods through private sector (DKT/Sayana® Press)

Replication & Scale-up

- ▶ Scale up of successful models (TCI, ASG)
- ▶ Scale up of Sayana® Press (DKT, TSU)



FP CAPE evaluation challenge

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



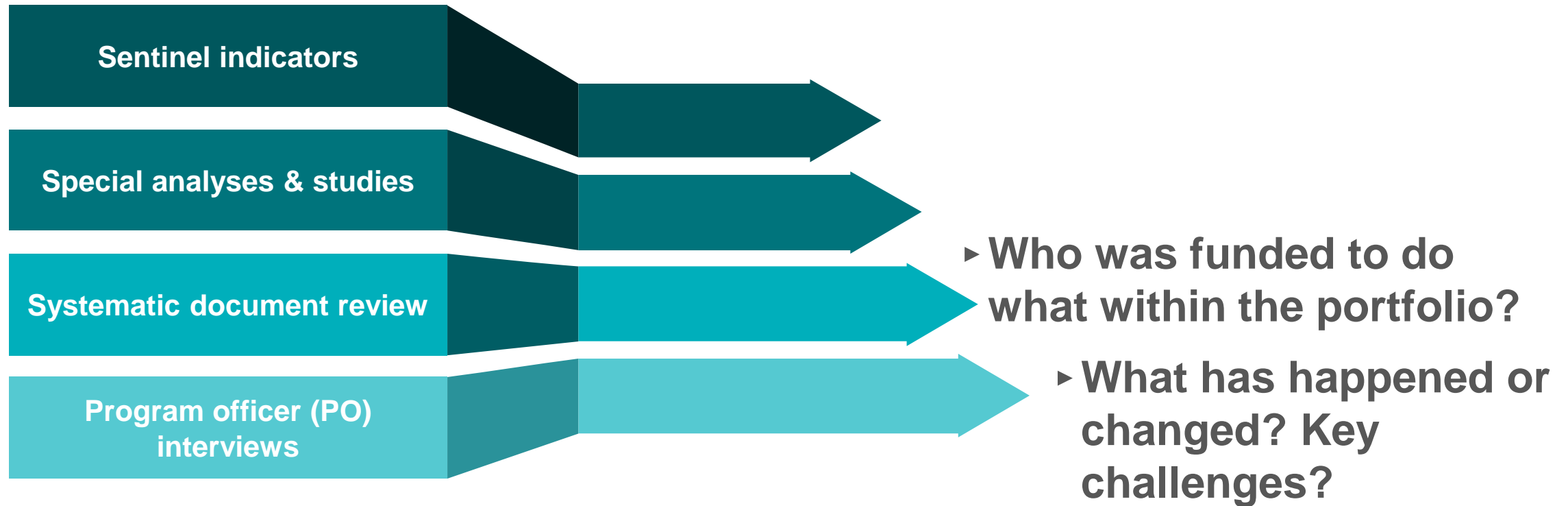
FP CAPE evaluation toolkit

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



FP CAPE evaluation toolkit

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

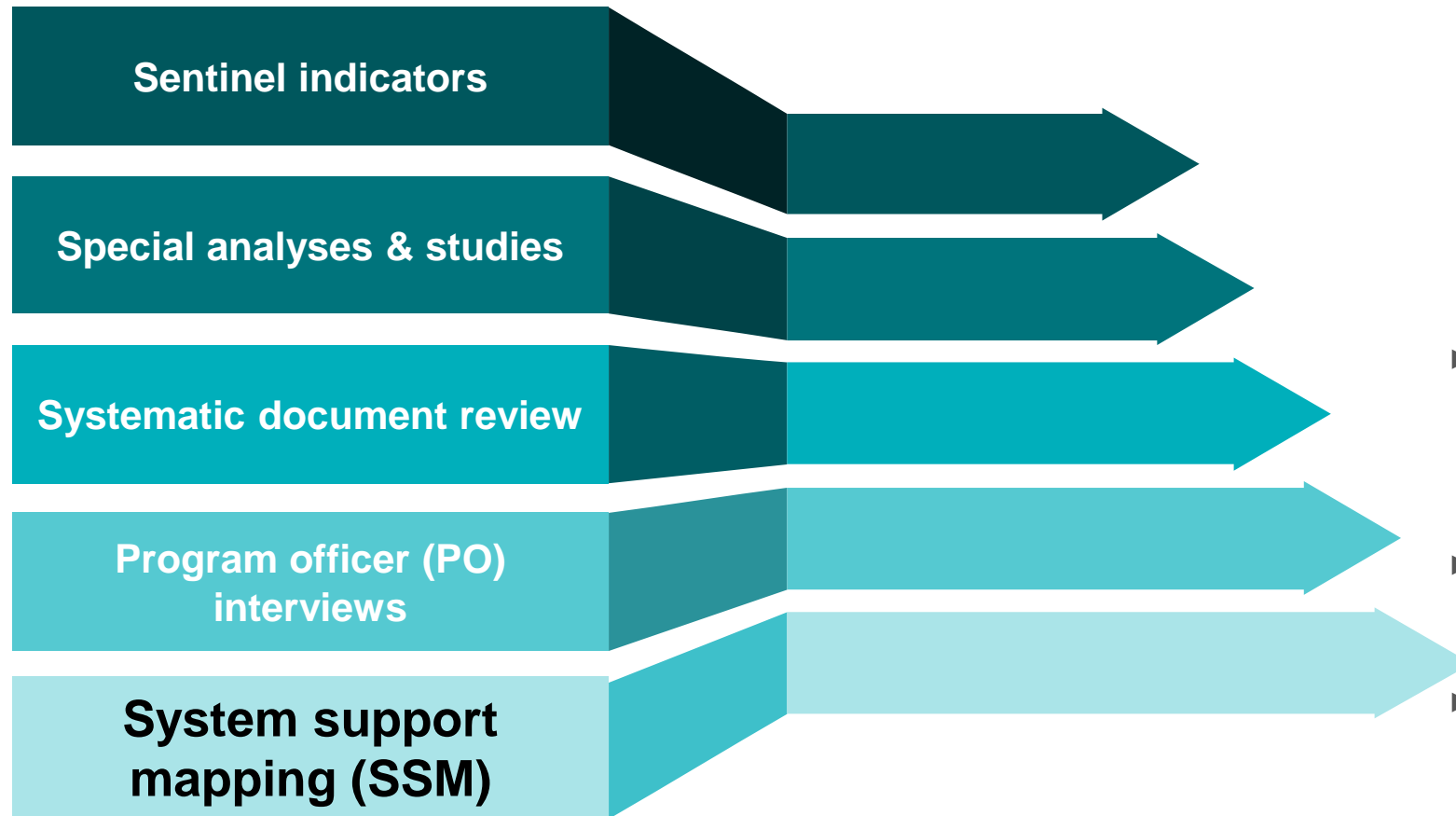


Bottom-up
inquiry methods



FP CAPE evaluation toolkit

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

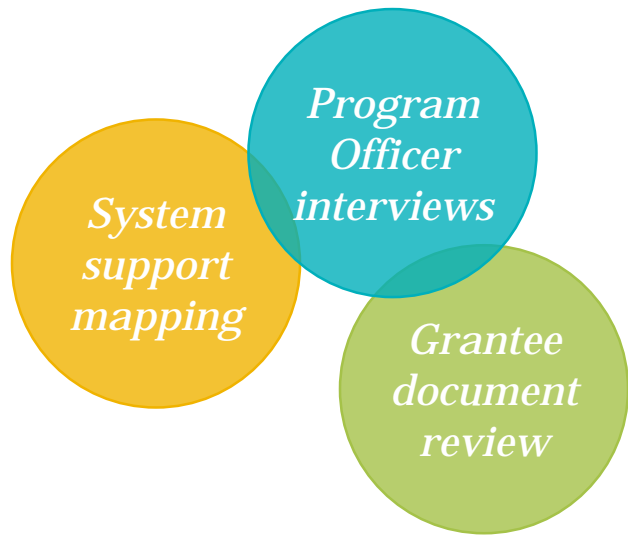


- ▶ How do grantees break their funded work down into activity areas?
- ▶ How well supported are they in each area?
- ▶ What, notably, supports and impedes their work?



Bottom-up inquiry process and outcomes

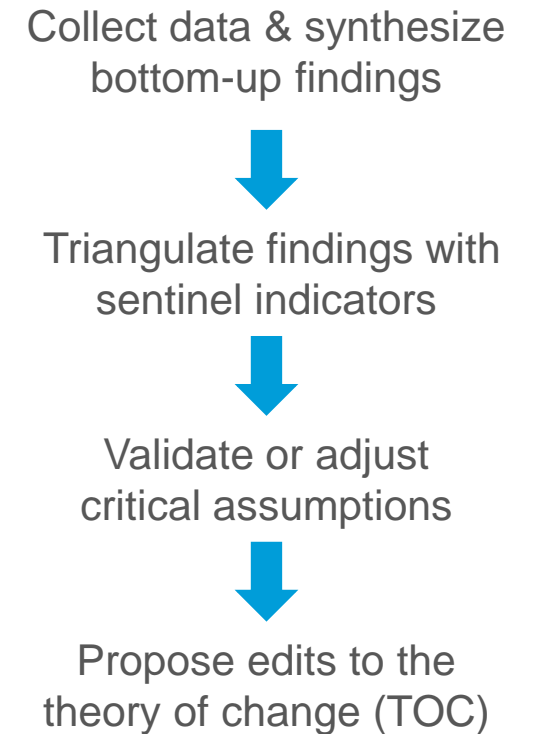
Bottom-up inquiry methods



Themes of inquiry

-
- A list of five themes enclosed in a blue curly bracket. A yellow arrow points from the methods section to this list.
- ▶ Activities
 - ▶ Needs
 - ▶ Facilitating factors
 - ▶ Barriers/challenges
 - ▶ Desired changes

Inquiry process



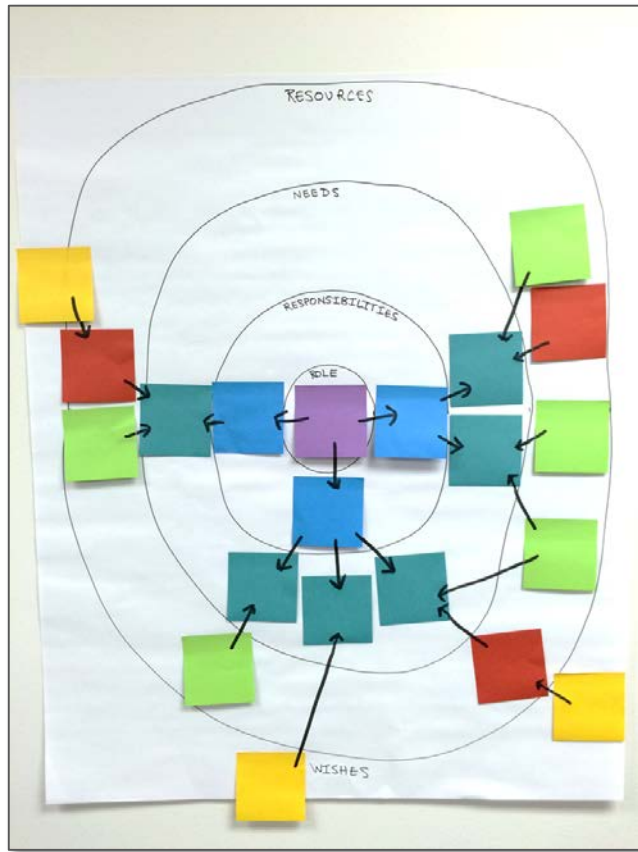
Bottom-up inquiry: System Support Mapping questions

System Support Mapping (SSM) collects data on implementation drivers and contexts that influence program success.



System Support Mapping: Data collection

System support mapping (SSM) identifies BMGF grantees:



Year 1



Years 2 & 3



How are maps completed?

System support mapping: Objectives

01 Update **BMGF partner family planning activities** conducted in the last year, geographic location of activities, and needs for implementation

02 Identify recent **facilitating factors/resources and barriers/challenges** that influence the success of grantees' activities

03 Reflect on and **generate actionable solutions or desired changes** needed to address current barriers to successful implementation of activities

04 Identify, where possible, **opportunities for enhanced cross-collaboration** among grantees and other resources and FP stakeholders.



Need: Refined models (9jaGirls Program)

Need : Facility identification & set up

Need : Identify, select, & train FP providers

Need : Identify, select, & train mobilizers

Need : Recruitment of program staff

Need : Testing of material content

Facilitators

Barriers

- A360 consortium partners
- Young designers (youth researchers)
- Adolescent girls
- SMOH & PHCB support and involvement

- Tight time line

Facilitators

Barriers

- Approval from PHCB & SMOH
- Renovation of space
- Purchase of medical equipment

- Delayed approvals from SMOH and PHCB
- Procurement process

Facilitators

Barriers

- Approval from PHCB & SMOH
- Availability and willingness to provide services to adolescent girls

- Attrition of providers from the program due to personal values
- Non-implementation of task shifting policy

Facilitators

Barriers

- Approval from the LGA and community
- Availability and willingness of community mobilizers

- Resistance from some Community & Religious leaders

Facilitators

Barriers

- SFH HR approval
- Run interview process (fast-tracked)

- Availability of eligible candidates for some positions – QFP
- Tight timelines

Facilitators

Barriers

- FAQ from girls on Facebook private messaging
- PSI Adolescent unit for content
- IDEO.org on creating designs
- A360 Nigeria team

- Contextualizing materials to suit Nigerian culture
- Remote reviews made harmonization difficult and time consuming

Desired Changes

- Increased timeframe

Desired Changes

- SMOH and PHCB provide equipped and dedicated space for adolescent girls

Desired Changes

- Willing, trained, confident, judgement free providers for adolescents

Desired Changes

- Girls willingly go to the 9jaGirls spaces to access services
- Girls who have gone through 9jaGirls program become mobilizers in the community

Desired Changes

- Availability of eligible program personnel

Desired Changes

- Reviewed and harmonized content that suits the Nigeria context

Need: Refined models (9jaGirls Program)

Need : Facility identification & set up

Need : Identify, select, & train FP providers

Need : Identify, select, & train mobilizers

Need : Recruitment of program staff

Need : Testing of material content

Facilitators

Barriers

- A360 consortium partners
- Young designers (youth researchers)
- Adolescent girls
- SMOH & PHCB support and involvement

- Tight time line

Facilitators

Barriers

- Approval from PHCB & SMOH
- Renovation of space
- Purchase of medical equipment

- Delayed approvals from SMOH and PHCB
- Procurement process

Facilitators

Barriers

- Approval from PHCB & SMOH
- Availability and willingness to provide services to adolescent girls

- Attrition of providers from the program due to personal values
- Non-implementation of task shifting policy

Facilitators

Barriers

- Approval from the LGA and community
- Availability and willingness of community mobilizers

- Resistance from some Community & Religious leaders

Facilitators

Barriers

- SFH HR approval
- Run interview process (fast-tracked)

- Availability of eligible candidates for some positions – QFP
- Tight timelines

Facilitators

Barriers

- FAQ from girls on Facebook private messaging
- PSI Adolescent unit for content
- IDEO.org on creating designs
- A360 Nigeria team

- Contextualizing materials to suit Nigerian culture
- Remote reviews made harmonization difficult and time consuming

Desired Changes

- Increased timeframe

Desired Changes

- SMOH and PHCB provide equipped and dedicated space for adolescent girls

Desired Changes

- Willing, trained, confident, judgement free providers for adolescents

Desired Changes

- Girls willingly go to the 9jaGirls spaces to access services
- Girls who have gone through 9jaGirls program become mobilizers in the community

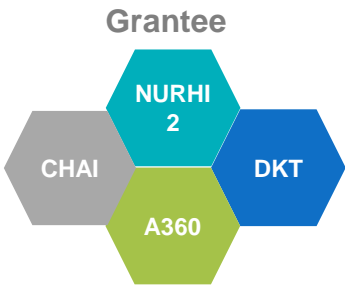
Desired Changes

- Availability of eligible program personnel

Desired Changes

- Reviewed and harmonized content that suits the Nigeria context

SSM grantee-level findings: Service delivery



Activities

2016

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

2017

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

Facilitators most cited

Black = Other BMGF partners
Green = Your Organization



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

2016

2017

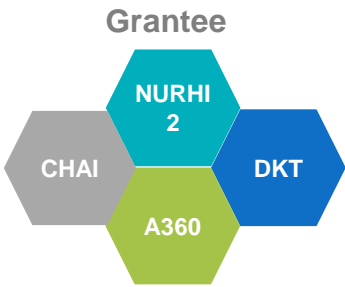
Barriers most cited



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

What can we learn from the maps?

SSM grantee-level findings: Service delivery



Activities

2016

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

2017

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

Facilitators most cited

Black = Other BMGF partners
Green = Your Organization



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

2016

2017

Barriers most cited

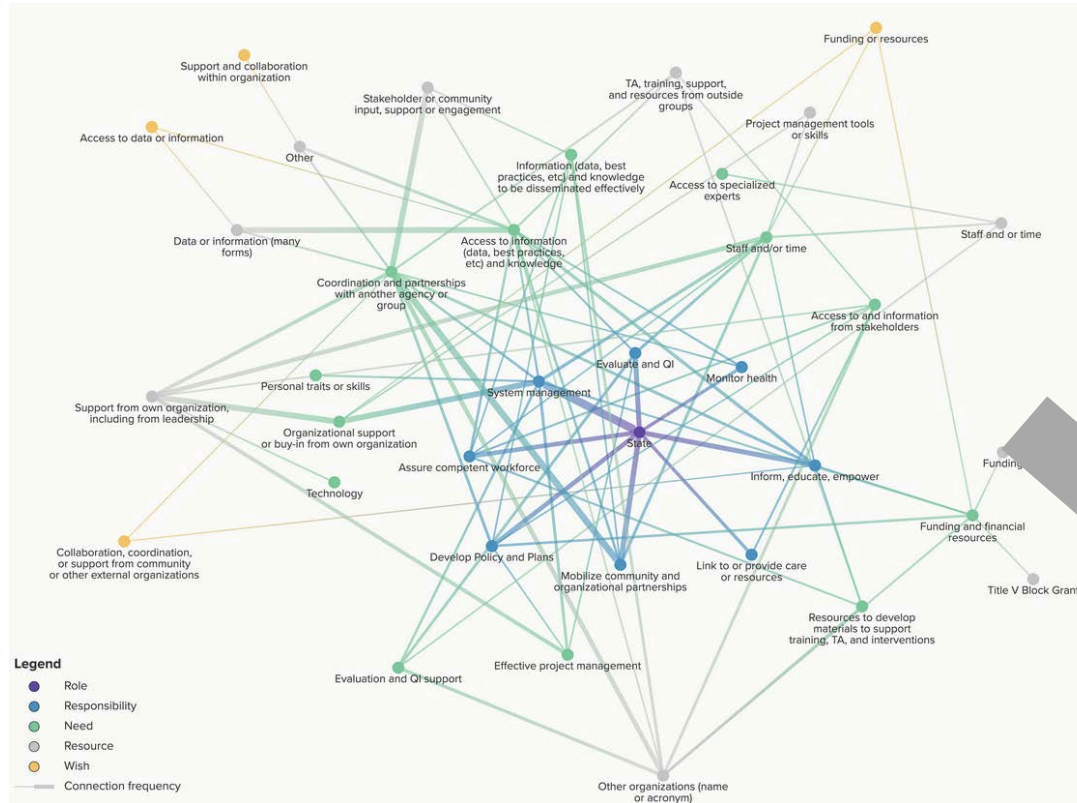


- Insufficient financial resources plus limited data on FP product use that limited the implementation of service delivery activities
- Low participation of well-trained providers/ CHEWs due to their limited availability, short turnover, and unwillingness to travel
- Tight timelines, product stock-outs,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

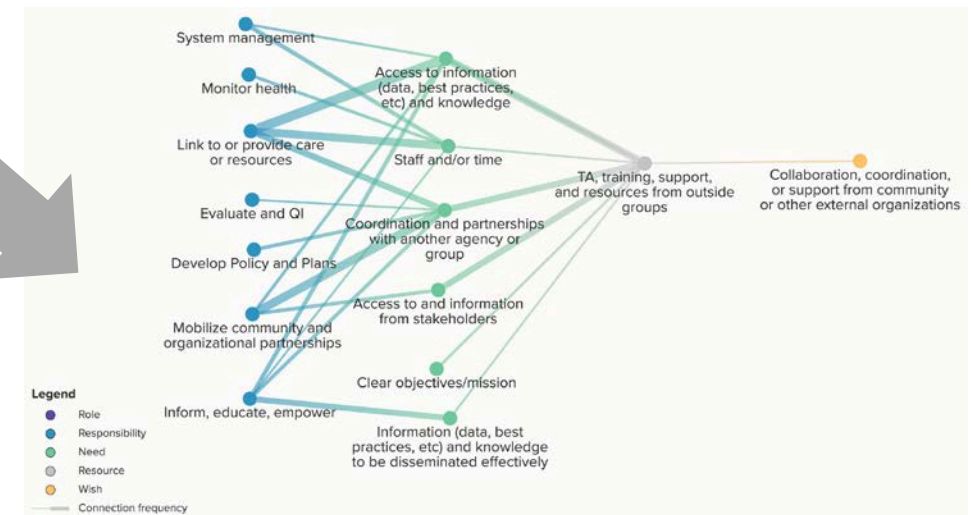
What can we learn from the maps?

System Support Mapping: Results (illustrative)

Aggregating and visualizing coded map entries



(From right) Desired changes → barriers → needs → activity areas



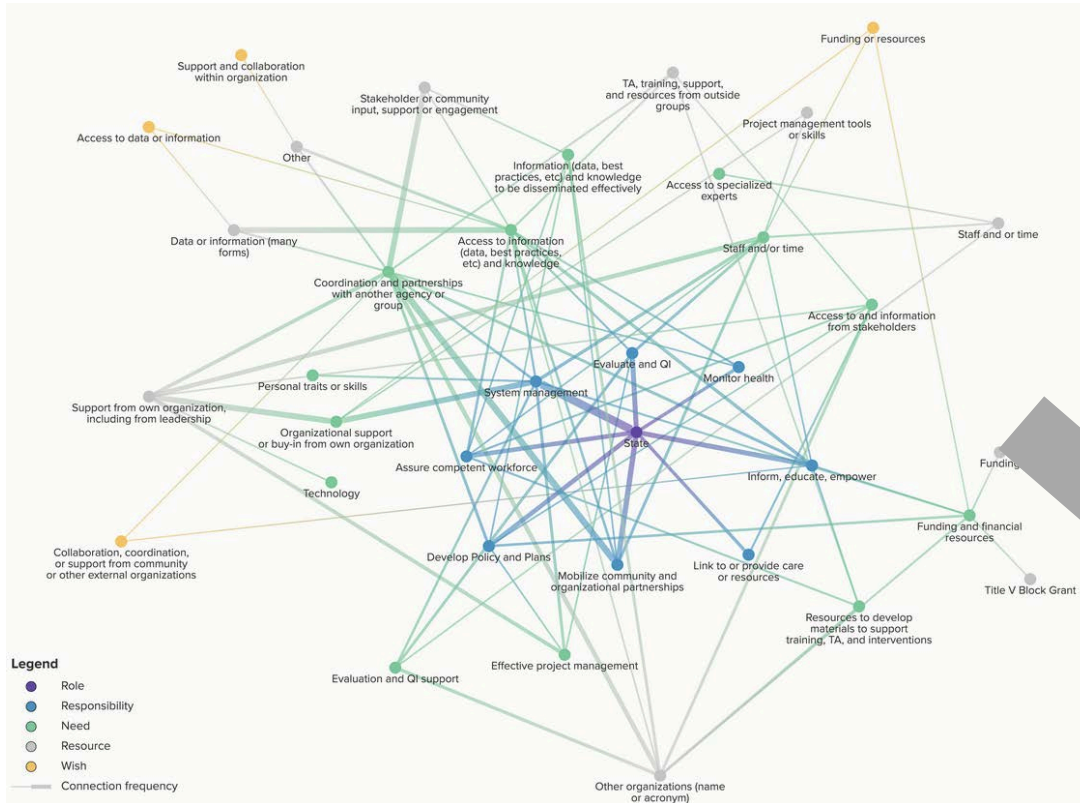
NOTE: We are in the process of coding and visualizing FP CAPE data; these images are illustrative (from another project)

What can we learn from the maps?

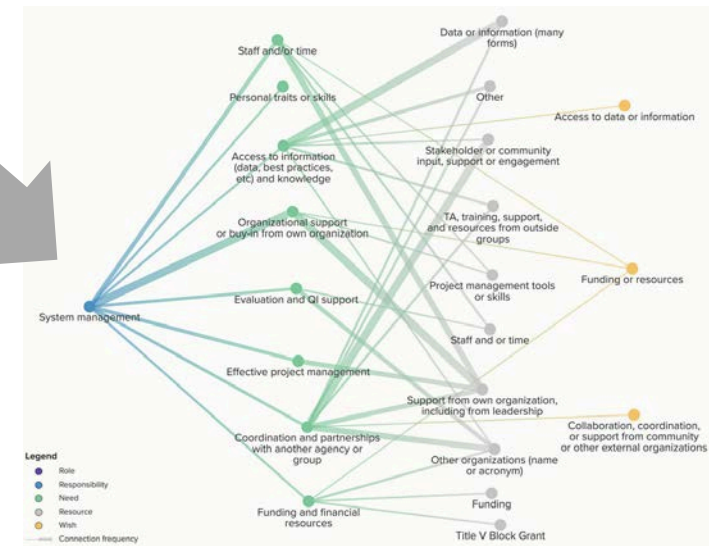


System Support Mapping: Results (illustrative)

Aggregating and visualizing coded map entries



(From left) Activity area →
needs → facilitators and
barriers → desired changes



NOTE: We are in the process of coding and visualizing FP CAPE data;
these images are illustrative (from another project)

What can we learn from the maps?

