

REPORT

BMGF/ FP CAPE NIGERIA ANNUAL FAMILY PLANNING PARTNERS MEETING AND CROSS LEARNING DAY

ABUJA, NIGERIA | APRIL 9–11, 2019



INTRODUCTION

The third annual Nigeria Family Planning (FP) Partners Meeting was held April 10-11, 2019, in Abuja, coordinated by the Family Planning Country Action Process Evaluation (FP CAPE) Project and under the overall guidance of the Bill & Melinda Gates Foundation (BMGF). Preceding the event, a Cross Learning Day Meeting was held on April 9, 2019 for BMGF FP grantees addressing cross-cutting and emerging topics relevant to the attainment of Nigeria's national FP goals. Over 80 participants attended the two-day annual meeting including government representatives from the Federal Ministry of Health (FMOH) and State Ministries of Health (SMOHs) from Bauchi, Kaduna, Kano and Lagos, BMGF grantees, FP partners, and BMGF Nigeria Country office staff. During the annual meeting participants collaboratively reviewed the FP Nigeria portfolio of findings from the past year, took stock of results, achievements and challenges, and prioritized key actions related to specific FP outcomes.

FAMILY PLANNING PARTNERS CROSS-LEARNING DAY

The objectives for the cross-learning day were to:

1. **Increase information sharing** among grantees regarding key areas of common interest.
2. **Promote portfolio-wide learning, collaboration and information exchange** on emerging themes relevant to the attainment of National FP goals.
3. **Create a friendly space to communicate and interact.**

Over 60 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. (See **Annex C** for the participant agendas).



Flash talk presenters preparing answers to Q&A session questions

Five flash talks were presented, divided into two sessions. Each session ended with moderated question and answer sessions to allow grantees to interact with the speakers.

Session One: National ideas – Moderator, Ms. Rodio Diallo (BMGF)

1. **Human capital development (HCD): Mr. Tijjani Mohammed (BMGF)** – This session presented Nigeria's current demographic trends in order to understand the importance of the Government of Nigeria's national-level HCD Initiative. The three strategic themes of health and nutrition, education, and labor force were presented in the context of how family planning policy must support the overall strategies.
2. **Nigeria country approach to demand: Ms. Jenny Sequeira (BMGF)** – BMGF is developing a country-wide theory of change for health demand in Nigeria. This approach links both supply and demand and seeks to identify different levers to help increase demand for family planning in Nigeria.
3. **Women's journey through the FP system: Mr. Jim Larson (Boston Consulting Group)** – System dynamics methodology was applied to understand demand for family planning through the woman's perspective. Points of potential leverage were discussed to intervene and achieve system-wide impact.

Session Two: Applied work – Moderator, Dr. L. Lin Ong (FP CAPE)

4. **Progesterone vaginal ring (PVR): Dr. Sylvia Adebajo (Population Council)** – The progesterone vaginal ring (PVR) was discussed as a promising post-partum contraceptive. Two rings were discussed, the first being a PVR for lactating women in their first postpartum year, and the Annovera vaginal ring, which combines a new progestin (segesterone acetate) with estrogen.
5. **Implementation mapping tool: Ms. Laura Ghiron (ExpandNet)** – Developed by ExpandNet, the implementation mapping tool (IMT) is a flexible tool that allows for documentation and adaptive management to facilitate scale-up of programs. Dr. Sada Danmusa supplemented the flash talk by providing his own experience with the effectiveness and flexibility of the tool in his own work.

After the content presentations, **Ms. Rodio Diallo** held a “fireside chat” where she discussed foundation-specific items and gave participants an opportunity to ask her questions about larger-scale issues.

ANNUAL FP PARTNERS' MEETING

The purpose of the third 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, particularly focusing on celebrating successes and on further strengthening the culture of collaboration between partners.



Representatives of FMOH, various SMOHs, and BMGF gave short speeches to open the meeting.

The specific objectives for the 2019 FP Partners' Meeting were to:

1. **Provide an update** on the BMGF FP investment portfolio performance with FP CAPE's annual evaluation findings.
2. **Reflect** on findings and discuss key questions for the FP stakeholder community.
3. **Engage in a collaborative process** to prioritize implications of findings.
4. **Identify key actions** to accelerate the attainment of National FP goals and objectives.
5. **Celebrate collective accomplishments and successes** in the FP space.

Over 85 people attended the meeting, including representatives from the Federal Ministry of Health; Bauchi, Kaduna, Kano, and Lagos States Ministries of Health; BMGF, and partners, including:

- Advance Family Planning (AFP)/ Pathfinder
- Adolescent 360/ Society for Family Health (SFH)
- Albright Stonebridge Group (ASG)
- Boston Consulting Group
- Centre for Communication & Social Impact (CCSI)
- Customer Care Platform/ DKT
- ExpandNet
- Health Strategy and Delivery Foundation (HSDF)
- Increasing Access to RMNCAHN services in Borno State/ Women's Refugee Commission
- IntegratE/ Society for Family Health
- IntegratE/ Marie Stopes International
- IntegratE/ PharmAccess
- IntegratE/ Population Council
- IntegratE/ PPFN
- MTV Shuga/ Staying Alive Foundation
- Mamaye Project/ Evidence4Action
- National Dashboard/ CHAI
- Nigerian Urban Reproductive Health Initiative 2 (NURHI 2)/ JHU-CCP
- Partnership for Advocacy in Child and Family Health (PACFaH@Scale)/ dRPC
- PACFaH@Scale/ AAFP
- PACFaH@Scale/ PSN
- PACFaH@Scale/ SOGON
- PACFaH@Scale/ WACHEF
- PMA2020/ JHU
- Post-Pregnancy Family Planning in Home Delivery Settings in Nigeria/ CHAI
- Post-pregnancy Family Planning in Lagos/ JHU-CCP
- Resilient & Accelerated Scale-up of DMPA-SC/ Self injection in Nigeria (RASuDiN)/ ARFH
- Sayana Press/ DKT
- Strategic State-Led Purchasing for FP/ HSCL
- Technical Support Unit (TSU) 2.0/ M-Space
- The Challenge Initiative (TCI)/ JHU-CCP
- Track20/ Avenir Health
- Working with PPMV in Lagos/ Unilever UK Central Resources

Session 1 – Welcome and opening statements



Ms. Rodio Diallo welcoming participants.

The FP Partners Meeting kicked off in the Wells Carlton Hotel and Apartments, Abuja, Nigeria. It began with a welcome from **Ms. Rodio Diallo**, Senior Program Officer, BMGF, who welcomed participants and connected the work in FP to the global focus on the demographic dividend and human capital development.

Dr. Paulin Basinga, BMGF Nigeria Country Office Director, emphasized the opportunity for BMGF to be in the room with the leadership of the FMOH, SMOH, and key grantees,

thus allowing the work of the Ministry of Health to be pushed forward to improve FP outcomes. He emphasized the work that grantees do and encouraged grantees to consider FP as integral to primary healthcare and to the lives of Nigerian women. **Dr. Caroline Jehu-Appiah**, Deputy Director Health, Nutrition and Eradication, BMGF, welcomed participants and discussed her role as the Deputy Director. Lagos and Kaduna SMOH representatives acknowledged advancements in their state's work on FP, noted the impact of BMGF in their states, and discussed the gaps necessary to be addressed. Finally, **Dr. Adebimpe Adebisi**, Director, Family Health, FMOH, reiterated the government's commitment to FP through increasing funding at the national level and making FP one of the components of the basic minimum package of primary healthcare provision.

(See **Annex C** for the participants' agendas).

Session 2 – Workshop introduction & FP Portfolio Overview

Dr. Siân Curtis and Dr. Emmanuel Adegbe, FP CAPE, presented the meeting's objectives, introduced facilitators, and walked participants through the agenda. **Ms. Rodio Diallo** began the session with a presentation that updated participants on the overall BMGF family planning portfolio of investments and introduced participants by Theory of Change area. She then introduced the three new grantees, who presented short flash talks with posters to communicate their areas of focus to existing grantees:

- Post-Pregnancy Family Planning in Home Delivery Settings in Nigeria/ CHAI



Meeting participants collaborated to set forward action plans for the next year.

- Resilient & Accelerated Scale-up of DMPA-SC/ Self injection in Nigeria (RASuDiN)/ Association for Reproductive and Family Health (ARFH)
- Strategic State-Led Purchasing for Family Planning/ Health Systems Consult Limited (HSCL).

(See **Annex B** for the new grantees' posters)

Session 3 – Presentation of FP CAPE results

After a short coffee break, the third session began with **Ms. Huyen Vu**, who discussed the FP CAPE Interactive Timeline, a tool which allows grantees to track changes in the Country's FP environment and progress and achievements across all the BMGF FP portfolio grants. The meeting transitioned to 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. She also answered grantee questions in an extended session.

Overall, findings ranged by area from positive to mixed.

- **Enabling environment:** In the enabling environment area of the TOC there has been positive progress in government leadership and in roll out of policies such as the Task Shifting and Task Sharing Policy (TSP). However, there has been slow progress on government funding releases for FP and there are persistent barriers to data use.
- **Demand generation:** Intention to use FP in the future among all women and youth is continuing to increase steadily. Modern contraceptive prevalence (mCPR) is increasing in Lagos. In Kaduna the long-term trend in mCPR is also increasing, although there is some suggestion that it may have slowed in the most recent round of PMA2020 data. However, there is considerable statistical noise in survey data from year to year, so it is important to focus on long term trends and not over-interpret annual fluctuations.
- **Service delivery:** Kaduna has seen continued improvements in access to and quality of FP services, although there is room for further improvement. The percentage of service delivery points offering FP is high in Lagos so there is little room for further increases in the indicators tracked, although stock-outs showed some improvement.
- **Replication and scale-up:** There continue to be many examples of replication and scale up of activities, particularly through the work of The Challenge Initiative, but also through the work of other grantees. Barriers and facilitators for scale up tend to be similar to those reported for enabling environment activities, highlighting the importance of the enabling environment for scale up.

The presentation on findings allowed all grantees to develop a unified understanding of the current FP environment in Nigeria, providing a foundation for the group work in sessions 4 and 5.

Session 4 – Individual reflections on findings and small group work

Grantees divided themselves into groups by TOC area, with government representatives forming their own group, facilitated by TSU. This allowed grantees to focus on the area of the TOC they were most familiar with. Each person received a workbook tailored for their TOC area which highlighted some major results in that area and prompted them on specific questions about the findings.

First, grantees were asked to individually reflect on the results:

1. Which findings, if any, do you find surprising or most important/interesting? Why?
2. Which findings were not surprising to you? Why?
3. Are there any additional findings from the FP CAPE Feb. 2019 Insights Deck that you would like to discuss? If so, list them.

After some time of individual reflection and recording of initial thoughts, grantees were dismissed for lunch. After lunch, grantees then met in their TOC groups and used their initial reflections to help guide discussions with other grantees in their TOC area.



Grantees reflecting individually on FP CAPE results.

The workbooks then asked grantees:

1. What are possible causes and reasons for the FP CAPE findings?
2. Are there implications for your own work?
3. What are potential actions your organization can take to improve the outcomes noted?
4. Are there additional important outcomes that aren't noted by the FP CAPE findings highlighted here?

Session 5 – Cross-TOC exchange session

Session 5 built in time for grantees to interact by starting with a coffee break and including a cross-TOC exchange session/energizer to allow grantees to get to know each other better. The afternoon continued with additional small group work on their TOC workbook. 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, APRIL 11TH, 2019

Session 1 – Small group report out from Day One

The second day of the meeting began with a recap of Day One by **Rodio Diallo**, BMGF, and a review of the second day's agenda.

An additional hour was provided for grantees to continue their group work and solidify their actions for presenting to the group. FP CAPE provided templates for presenting group ideas.

Representatives for each group presented specific actions each group came to through the annual meeting discussions. Each report out was followed by a participatory question and answer session.



Grantees preparing to report out to the meeting group on their TOC area's action plan.

(See **Annex A** for the group action plans)

Session 2 – Question and Answer Session

Dr. Siân Curtis and **Dr. Emmanuel Adegbe** moderated a panel discussion with FMOH, SMOH, and BMGF representatives and the grantees. Questions collected throughout the annual meeting were aggregated and answered by the panel. Questions included:



Dr. Emmanuel Adegbe, moderating the discussion.

- How is the GON planning to ensure FP commodity security in the event that donor funding dwindles?
- What will be the priority focus of BMGF in terms of funding in the next 5-10 years?
- What is one challenge you have with family planning implementation?
- What are key challenges you face with grantees?
- How do we continue to enhance partner coordination and work towards the FP goals?

Session 3 – Closing remarks

The last session provided joint final remarks. It began with participant **Dr. Habib Sadauki**, SOGON/PACFaH@Scale, who noted that the meeting was very intense, high energy, and he could see commitment from the other grantees. By discussing and identifying challenges he and other grantees feel empowered to go and do their work better. **Dr. Siân Curtis**, FP CAPE, acknowledged the hard work of all the grantees to make the meeting so exciting. She also acknowledged the government commitments to FP. Ms. **Rodio Diallo**, BMGF, thanked everyone for sharing and iterating ideas to make this a successful convening. She encouraged everyone as impatient optimists – that all we want is to make a difference and we want it now.

Dr. Paulin Basinga, BMGF, noted how FP is such a complex idea which requires a lot to unpack – and commended the grantees for working in this space, while also challenging them to find ways to not increase the difficulty of their work through competition and politics. State-level delegates **Dr. Hussaini Tijjani**, Kano SMOH, **Mrs. Hajara Yahaya**, Bauchi SMOH, **Dr. Neyu Iiyasu**, Kaduna State PHC Agency, and **Dr. Folashade Odulara**, Lagos SMOH, encouraged grantees to look at FP with a new lens and to keep the excitement of the meeting going. They challenged grantees to increase their collaboration in order to increase the overall impact of their work in Nigeria.

The annual meeting closed with a final coffee break and additional time to network with old and new connections before leaving the meeting.

(See **Annex D** for the evaluation results)



Additional photographs from the different annual meeting sessions.

ANNEX A: Detailed priority actions developed during group work by TOC area and for Government

Government officials at Federal and State levels

Top three participant-developed actions for their TOC area	
Action 1	Engage high level stakeholders including political/ government leadership/ MOF to prioritize FP as a development issue. <ul style="list-style-type: none">▪ Simplify message▪ Use CSOs/ CBOs
Action 2	The FMOH should provide leadership and ensure a roadmap is developed for domestication and operationalization of the TSP at the sub national levels.
Action 3	States must develop a framework to ensure that annual operation plan feed from CIPs.
Additional outcomes or needs	
Action from a different TOC Group from Cross-TOC Exchange	Intensify training and retraining on analysis and use of data at all levels of our service delivery.
Additional information needed to address findings	n/a

Enabling Environment

Top three participant-developed actions for their TOC area	
Action 1	Evidence based advocacy targeted at stakeholders critical to the budget process for FP to have a dedicated budget line item for FP, release of budgeted funds for FP and set up a mechanism for accountability monitoring and evaluation of the FP budget process.
Action 2	There is a need to develop CIPs specific (reflecting actual baseline and realistic target for the state) and adapt TSPs that are context specific, then they will be useful to plan, track and monitor ongoing activities on a more frequent basis.
Action 3	<p>For data management, we recommend the following actions:</p> <ol style="list-style-type: none"> There is need to strengthen the weak data infrastructure (from facility to local government to state level to understand data collection tools) by providing incentives for data collection and assessing data quality. Harmonize facility (including private sector) data collection tools to curb fatigue, multiple reporting and duplicity to improve data monitoring and accountability. Provide feedback to help data providers understand the importance of documentation and evidence-based decision making.
Additional outcomes or needs	
Action from a different TOC Group from Cross-TOC Exchange	<ol style="list-style-type: none"> Harmonize strategies and expectations from states by donors and IPs by enabling government to drive implementation through focused capacity strengthening. While considering scale-up, there is need to focus on consolidation (depth) by identifying and expanding the most impactful interventions, working along the pathway of intention, and strengthening the system-level determinants of scale-up such as HRH (TSP) and supply chain (commodities and consumables). Link data for policy action with demand by supporting open channels for dissemination (example: public media platform).
Additional information needed to address findings	<ol style="list-style-type: none"> Data representation – data (mCPR) from more states, available from the PMA2020 which will give a bigger picture of the situation. Expand number of states reporting FP funding status.

Demand Generation

Top three participant-developed actions for their TOC area	
Action 1	Explore other channels that can expose and disseminate FP information, but guided by data on the most effective platform to use (example: for youth, consider Facebook, Twitter, Instagram and YouTube). Constantly reviewing FP messaging to ensure that it captures all categories of women and is intentional.
Action 2	Intenders are low hanging fruit that can be leveraged. Maintain the high tempo of intention to use by focusing on the strategic pathway to improve intention. Explore data that focuses on profile of intenders in order to identify the levers to uptake services. (Identify and eliminate barriers to actually accessing FP services).
Action 3	Review strategies, applying strategic innovative and interactive approaches, like entertainment education to drive uptake. Work together to make community mobilization more robust and sustainable (provide TA to agency working on CHIPs and ensure we are part of the decision makers to ensure that FP messaging is in the basket of information been shared with youths and all women). Advocacy to states to collaborate with other relevant institutions to make FP messaging a priority (NOA, Ministry of Education etc) in order to improve exposure.
Additional outcomes or needs	
Action from a different TOC Group from Cross-TOC Exchange	Demand generation is cross cutting, but there are obvious overlap between service delivery and demand generation. How can research bridge the gap to demonstrate the need for a seamless blended delivery?
Additional information needed to address findings	<ol style="list-style-type: none"> 1. The data does not have any information specifically for men. We should have a male involvement strategy for engaging men for FP. 2. How do we capture and share experiences from our demand generation rollout, having a more systematic approach to sharing lessons learned?

Service Delivery

Top three participant-developed actions for their TOC area	
Action 1	Build the capacity of providers (trainings on SARC and LARC, Intra facility trainings, Cascade trainings) and refresh skills through the use of technology.
Action 2	Strengthening the commodity logistics reporting system and use technology to improve access to commodity supply.
Action 3	Full domestication of the TSTS policy by states that allow CHEWS to provide implant and injectables.
Additional outcomes or needs	
Action from a different TOC Group from Cross-TOC Exchange	Generate demand for other FP methods (other than condoms) using various platforms (in-clinic mobilization, community mobilization, social media) and through other stakeholders (such as traditional and religious leaders).
Additional information needed to address findings	How does counseling on side effect impact continuation and intention to use?



Community focused approach to increase access to PPFP services in high home delivery settings in Nigeria

Clinton Health Access Initiative (CHAI)

Introduction

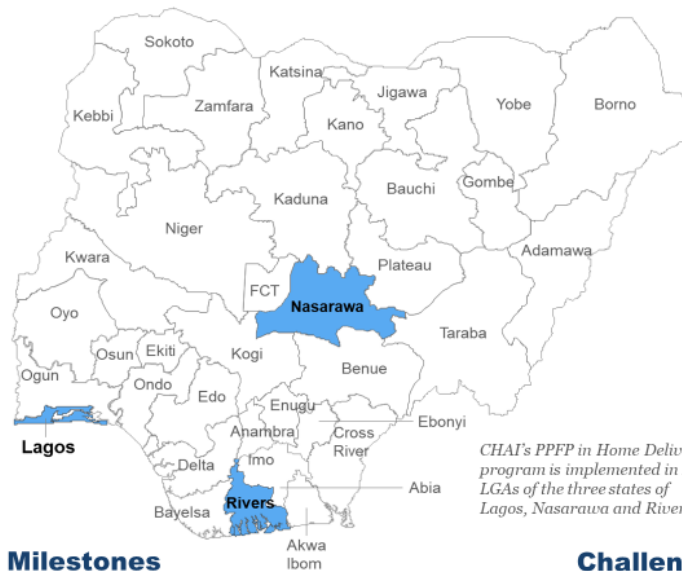
This program implemented by the Clinton Health Access Initiative (CHAI) aims to bridge the high unmet need for both post-partum family planning (FP) services among younger women by strengthening post-pregnancy FP (PPFP and PAC) services targeting young women and first-time parents often missed by the clinical health care system due to high rates of home deliveries. Built on previous experience working traditional birth attendants and Community Health Extension Workers (CHEWs) to reach these groups of women with home-based PPFP, the program also aims to build a strong referral system between the communities and facilities especially for post-abortion care. The model will also test and implement a mobile-based electronic data tracking system to capture community level data on service provision and demand for PPFP, and eventually link these to the DHIS_2 Platform.

The main objectives of this investment are to:

- Optimize the availability of PPFP services, including post-abortion care (PAC) facilitation, to women delivering outside of the health facility
- Increase access to and uptake of modern contraceptive among FTPs and promote healthy timing and spacing of pregnancies
- Increase community level awareness, and to build sustainable platforms that will increase demand for post-pregnancy family planning
- Strengthen the community and facility linkages for continuum of care with regard to PPFP information and comprehensive PAC services
- Strengthen ownership and accountability mechanisms for PPFP services at the community, LGA and state levels

The ultimate outcome of this program would be an increase in uptake of PPFP services in high home delivery settings. The intermediate outcomes expected through the effective delivery of the proposed approach are:

- Increased coverage and quality of post-pregnancy FP services including post-abortion care
- Increased uptake of postpartum family planning services among FTP aged 15–24 years
- Increased proportion of women delivering outside of the health facility who are using a preferred modern FP postpartum.



CHAI's PPFP in Home Deliveries program is implemented in 10 LGAs of the three states of Lagos, Nasarawa and Rivers.

Milestones

- Held program kick-off meetings and inception meetings in the three states and program LGAs respectively.
- Established Community Engagement Sub-Committees (CESCs) within the RMNCH Technical Working Group in two of the three program states, this CESC will provide oversight for community delivery of PPFP and PAC services
- Conducted LGA scoping exercise to identify: key barriers and drivers of acceptance of FP across project LGAs, and key community stakeholders who will support program implementation and general FP practices in focal LGAs

Challenges

- Delays with getting NHREC approval has hindered conduct of formative assessment (i.e., focus group discussions, in-depth interviews, and facility survey) which has delayed program implementation of some key activities.
- The program aims to track real time community level data using electronic devices that are compatible with android; however, most CHEWs and TBAs do not have mobile phones that are compatible with android and most states will prefer a pape-based data collection tool for TBAs.

Opportunities for Improvement

- Establishment of Traditional Medicines Unit/Board in the program state will make it easier to regulate and coordinate TBA-led activities, and lead to a reduction of harmful practices by TBAs.
- Updating the National Task Shifting Task Sharing (TSTS) policy to allow CHEWs provide PAC services will increase the pool of personnel who can provide PAC services, reduce delay time for access to PAC services for women who present with complications from an induced or spontaneous abortion especially at PHCs that are typically manned by CHEWs.
- Purchase of phones for CHEWs and TBAs will make mobile-based electronic tracking of community level data easy.

Program Innovation

- The PoPCare program will target young first time mothers who deliver at home provide access and uptake of FP to a vulnerable set of women who make up 41% of women of reproductive age in Nigeria who are typically neglected during programming for PPFP.
- Mobile-based electronic data tracking system to capture community level data on service provision and demand for PPFP by Community Health Extension Workers (CHEWs) and Traditional Birth Attendants (TBAs).
- Design and rollout of two to three implementation models following findings from the formative study.

¹ Previous years' reports available at <https://www.fpcapc.org/resources/reports/>

Nigeria State-Led Strategic Purchasing for Family Planning

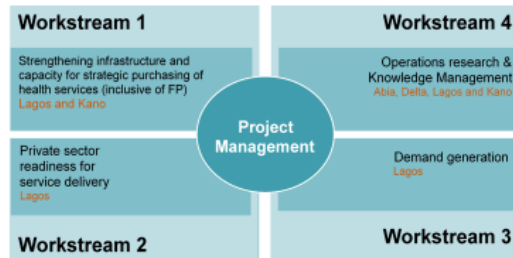
Health Systems Consult Limited

Introduction

The Nigeria State-Led Strategic Purchasing for Family Planning project aims **to strengthen the strategic purchasing function of the State Health Insurance Scheme (SHIS) for family planning (FP) services** from private providers, to increase access and uptake of FP services in Lagos and Kano states.

It seeks to identify and understand the current and emerging status of family planning service delivery vis-à-vis platforms for strategic purchasing in the four target states (Abia, Delta, Lagos and Kano) and to enable sustainable pathways for efficient financing of FP services by the Lagos and Kano state governments.

Programmatic interventions centers on 4 work streams:



Key learnings from the project will be documented and disseminated to stakeholders including local policy makers, BMGF grantees, providers, civil society organizations (CSOs) and other interest groups, to increase the evidence pool on role of state-led strategic purchasing in sustainable FP financing and guide scale-up.

Opportunities for Improvement

- **Strengthening collaboration** amongst key stakeholders (LASHMA, HEFAMAA, AGPMPN, PCN, etc), and creating an enabling environment to facilitate the inclusion of mid-level private providers into the insurance scheme.
- **Building and strengthening the capacity** of private-sector providers FP delivery and sound business management, and supporting them to meet accreditation criteria.
- **Improved knowledge management**



The Nigeria State-Led Strategic Purchasing for FP investment will benefit four focus states: Abia, Delta, Kano and Lagos.

Milestones

- Scoping concluded for Lagos and scoping report validated with stakeholders in the state
- Technical assistant plan revised to address identified gaps
- Risk management plan developed
- Key project recruitments concluded and staff deployment in progress

Challenges

- Stakeholder engagement to resolve the identified lingering challenges amongst regulators and critical players (private provider – PPMVs & CPs)
- Low level of awareness on insurance and FP services amongst beneficiaries/clients and private providers in the state
- Bureaucracy – bottlenecks across stakeholder levels.



Program Innovation

Many governments of developing countries are striving to attain Universal Health Coverage (UHC) for their citizens. FP services are either totally excluded from the health benefit package (HBP) or has very limited scope of coverage when included.

Currently with the Lagos health insurance scheme, it's a similar tale as only counselling and provision of limited FP commodities at designated centres is covered in the HBP.

This low uptake of family planning (FP) services have been attributed to a hybrid of factors including; limited provision of FP services across public and private facilities due to inherent health systems challenges, inadequate information on various FP options and policy constraint limiting the extent of private sector participation in the provision of FP services.

Our approaches to addressing identified gaps include:

- Using the state health insurance scheme as the sustainable financing mechanism to improve the family planning indices in the state,
- Building the state's capacity in strategic purchasing functions for both the HBP and FP services to ensure financial access for the poor, vulnerable and most in need
- Incorporating private providers (who account for over 60% of the population) into the scheme to improve access to FP and other primary health care services.
- Developing a robust framework for operational research and knowledge management.



Resilient & accelerated scale-up of DMPA-SC/Self-injection in Nigeria

Association for Reproductive and Family Health (ARFH)

Introduction

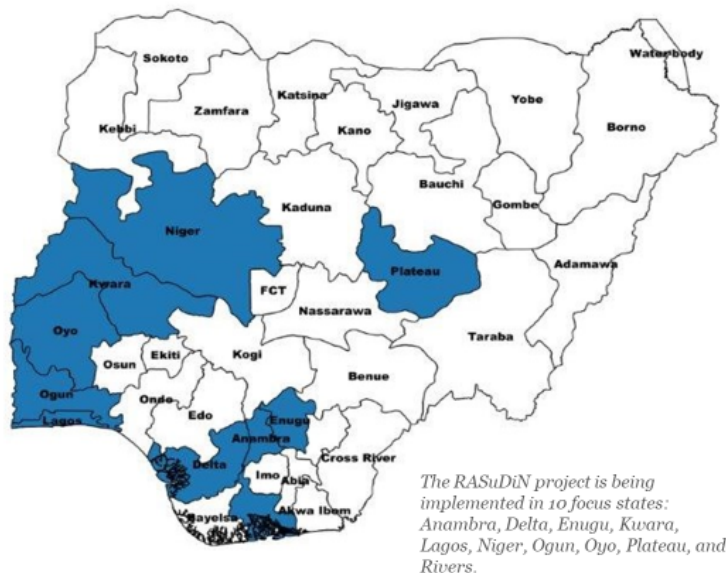
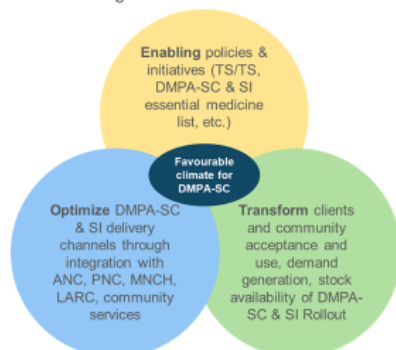
The Resilient & Accelerated Scale-up of DMPA-SC/Self injection in Nigeria (RASuDiN) project, implemented by the Association for Reproductive and Family Health (ARFH) with funding from Bill & Melinda Gates Foundation (BMGF) and Children's Investment Fund Foundation (CIFF). The project supports the Federal Government of Nigeria through the Federal Ministry of Health, using the "transformational, enable and optimizable" lens to **expand the acceptance, utilization, availability and accessibility of DMPA-SC as a family planning (FP) method, and kick start the roll-out of self-injection among women of reproductive age in 10 states in Nigeria.**

The main objectives of this program are to:

- **Enable the introduction and scale up of DMPA-SC** – facility-based and self-injection (SI) by maximizing and supporting government stewardship in creating a favorable environment for SI of DMPA-SC;
- **Optimize service delivery channels** through the roll out of facility and community-initiated SI, to ensure DMPA-SC reaches new users and expands method choice and access for women in hard-to-reach areas;
- **Optimize the use of data** to monitor SI of DMPA-SC for programmatic decision making; and
- **Transform FP service delivery** by empowering women who choose so to self- inject DMPA-SC

The program expects to see the following outcomes:

- Increased opportunities for DMPA-SC SI
- Increased availability of DMPA-SC
- Improved enabling environment for DMPA-SC and SI



The RASuDiN project is being implemented in 10 focus states: Anambra, Delta, Enugu, Kwara, Lagos, Niger, Ogun, Oyo, Plateau, and Rivers.

Program Innovation

1. **Hub-spoke approach:** The community-based component of the project is linked to the facility to ensure cross-linkages of commodities, data and supervision. This ensures adequate coordination.
2. **Total saturation:** The project is targeted at all facilities in all LGAs within the focal states. With this, the project achieves maximum coverage and reach to women of reproductive age nationwide.
3. **Youth-involvement:** the project is designed to engage young people for optimal impact among youths and adolescents. These young people will facilitate age-specific mobilization as well as service delivery.

Milestones

- ▶ Facility/community audit conducted across the 10 states, and results shared with stakeholders in the relevant states.
- ▶ 122 State Master Trainers trained on DMPA-SC across 10 project states.
- ▶ Over 2,000 family planning providers trained on DMPA-SC in Nigeria.

Challenges

- ▶ Bureaucratic bottleneck in implementing states
- ▶ Inadequate healthcare workers

Opportunities for Improvement

- ▶ **Spot-check:** During training and service delivery, spot checks are conducted at intervals for quality assurance
- ▶ **Post-training follow-up:** The trainers continue their engagement by providing supportive supervision to service providers after the training. This ensures quality and sustained knowledge

ANNEX C: Participant agendas for both Cross Learning Day and Annual Meeting

Cross learning day Agenda

TUESDAY, APRIL 9TH, 2019

9:00 – 9:15 15 minutes	Arrival of participants <ul style="list-style-type: none"> Participants enter and register Participants fill out initial question about their goals for the cross-learning day via live poll
9:15 – 9:35 20 minutes	Greeting <i>Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> Welcome participants
9:35 – 9:50 15 minutes	Learning day overview <i>Dr. Siân Curtis (FP CAPE)</i> <ul style="list-style-type: none"> Presentation of the agenda and objectives
9:50 – 10:00 10 minutes	Flash talk #1: Human capital development <i>Mr. Tijjani Mohammed (BMGF)</i>
10:00 – 10:10 10 minutes	Flash talk #2: Nigeria country approach to demand <i>Ms. Jenny Sequeira (BMGF)</i>
10:10 – 10:20 10 minutes	Flash Talk #3: Women's journey through the FP system <i>Mr. Jim Larson (Boston Consulting Group)</i>
10:20 – 11:00 40 minutes	Flash talk panel and Q&A <i>Panel: Mr. Tijjani Mohammed, Ms. Jenny Sequeira, and Mr. Jim Larson</i> <i>Q&A moderator: Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> Flash talk speakers gather to answer grantee questions and discuss their presentations
11:00 – 11:15 15 minutes	Tea break
11:15 – 11:45 30 minutes	Energizer and mixer <i>Dr. Emmanuel Adegbe (FP CAPE)</i>
11:45 – 11:55 10 minutes	Flash Talk #4: Progesterone vaginal ring <i>Dr. Sylvia Adebajo (Population Council)</i>
11:55 – 12:05 10 minutes	Flash talk #5: Implementation mapping tool <i>Ms. Laura Ghiron (ExpandNet)</i>
12:05 – 12:35 30 minutes	Flash talk panel and Q&A <i>Panel: Dr. Sylvia Adebajo and Ms. Laura Ghiron</i> <i>Q&A Moderator: Dr. L. Lin Ong (FP CAPE)</i> <ul style="list-style-type: none"> Flash talk speakers gather to answer grantee questions and discuss their presentations
12:35 – 12:50 15 minutes	Fireside chat <i>Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> Time to discuss any foundation-specific items Grantees have an informal opportunity to ask questions
12.50 – 13.00 10 minutes	Closing

13:00 – 14:00 60 minutes	Lunch break and informal discussions
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Annual meeting agenda

DAY ONE – Wednesday, April 10th, 2019	
SESSION 1: Welcome and Opening statements (9:00 – 9:55)	
9:00 – 9:10 10 minutes	Arrival of participants and registration
9:10 – 9:55 45 minutes	Conference opening session <ul style="list-style-type: none"> • Welcome, <i>Ms. Rodio Diallo (BMGF)</i> – 5 minutes • BMGF support in Nigeria, <i>Dr. Paulin Basinga (BMGF Nigeria Country Office Director)</i> – 15 minutes • Introduction, <i>Caroline Juhu-Appiah (BMGF)</i> – 3 minutes • Brief remarks, <i>Dr. Paul Many Dogo (Kaduna Honorable Commissioner of Health)</i> – 5 minutes • Opening remarks, <i>Dr. Adebimpe Olugbeminiyi Adebisi (Director of Family Health, Federal Ministry of Health)</i> – 13 minutes
SESSION 2: Workshop introduction & FP Portfolio Overview (9:55 – 11:35)	
9:55 – 10:05 10 minutes	Workshop introduction <i>Dr. Emmanuel Adegbe/Dr. Siân Curtis (FP CAPE)</i> <ul style="list-style-type: none"> • Introduction of facilitators • Presentation of the agenda and objectives
10:05 – 10:50 45 minutes	BMGF family planning portfolio of investments, introduction of participants by organization <i>Ms. Rodio Diallo (BMGF)</i>
10:50 – 11:10 20 minutes	Introduction of new grantees <i>Ms. Rodio Diallo (BMGF)</i> <ul style="list-style-type: none"> • Post-Pregnancy Family Planning in Home Delivery Settings in Nigeria/ CHAI • Resilient & Accelerated Scale-up of DMPA-SC/ Self injection in Nigeria (RASuDiN)/ Association for Reproductive and Family Health (ARFH) • Strategic State-Led Purchasing for Family Planning/ Health Systems Consult Limited (HSCL)
11:10 – 11:35 25 minutes	Coffee break & family photo
SESSION 3: Presentation of FP CAPE Results (11:35 – 12:25)	
11:35 – 11:45 10 minutes	Interactive timeline <i>Ms. Huyen Vu (FP CAPE)</i>
11:45 – 12:25 40 minutes	FP CAPE portfolio-level findings and Q&A session <i>Dr. Siân Curtis (FP CAPE)</i>
SESSION 4: Small Group Work (12:25 – 15:30)	
12:25 – 12:35 10 minutes	Introduction of small group work plans <i>Dr. Emmanuel Adegbe (FP CAPE)</i>

12:35 – 13:00 25 minutes	Individual work <i>Grantees to divide into self-selected TOC area with facilitators:</i> 1. <i>EE& scale-up (Siân)</i> 2. <i>Demand (Lin & Gaby)</i> 3. <i>Supply (Huyen & Pat)</i> 4. <i>Government group + TSU (Emmanuel)</i>
13:00 – 14:00 60 minutes	Lunch break
14:00 – 15:30 1 hour 30 minutes	Small group work
SESSION 5: Cross-TOC exchange session (15:30 – 17:00)	
15:30 – 15:45 15 minutes	Coffee break
15:45 – 16:05 20 minutes	Cross-TOC Exchange session/energizer <i>Dr. Emmanuel Adegbe & Ms. Gaby Escudero (FP CAPE)</i>
16:05 – 16:45 40 minutes	Small group work continued
16:45 – 17:00 15 minutes	Day 1 closing

DAY TWO – April 11th, 2019

SESSION 1: Small Group Action Report Out (9:00 – 14:15)	
9:00 – 9:10 10 minutes	Arrival of participants, registration
9:10 – 9:20 10 minutes	Recap of day one & day two agenda <i>Ms. Rodio Diallo (BMGF)</i>
9:20 – 10:30 1 hour 10 minutes	Additional small group work <i>Dr. Siân Curtis & Dr. Emmanuel Adegbe (FP CAPE)</i>
10:30 – 10:45 15 minutes	Coffee break
10:45 – 13:00 2 hours 15 minutes	Group Report-out & discussion <i>Dr. Siân Curtis & Dr. Emmanuel Adegbe (FP CAPE)</i>
13:00 – 14:15 1 hour 15 minutes	Lunch break
SESSION 2: Question & Answer Session (14:15 – 15:00)	
14:15 – 15:00 45 minutes	Q&A introduction <i>Moderators: Dr. Siân Curtis & Dr. Emmanuel Adegbe (FP CAPE)</i>

	Q&A Panel: <ul style="list-style-type: none"> • <i>Dr. Afolabi (FMOH)</i> • <i>Dr. Okaga (Lagos SMOH)</i> • <i>Dr. Dogo (Kaduna SMOH)</i> • <i>Rodio Diallo (BMGF)</i>
SESSION 3: Closing remarks (15:00 – 16:00)	
15:00 – 15:15 15 minutes	Finish and submit meeting evaluation (distributed in folders)
15:15 – 15:45 30 minutes	Joint final remarks: Where do we go from here & next steps <i>Participants, FP CAPE, BMGF, F/SMOH</i>
15:45–16:00 15 minutes	Adjourn meeting & coffee break

ANNEX D: Evaluation results for both Cross Learning Day and Annual Meeting

CROSS LEARNING EVALUATION RESULTS APRIL 9, 2019 – ABUJA

1. Overall workshop rating (scale of 1-10, 10 being the best)

Mean Score	8.50
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2. Summary ratings on whether the meeting achieved its objectives (from 1-10)

Objective	Mean Score
Increase information sharing	8.0
Promote portfolio-wide learning, collaboration, and information exchange	8.0
Create a friendly space to communicate	8.8

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

Amount of Information	Frequency
Too much	1 (2%)
Just right	43 (91%)
Too little	3 (6%)
Total	47

4. How useful did you find each flash talk?

Flash talk	Mean Score
Human capital development	8.5
Nigeria country approach to demand	8.0
Women's journey through the FP system	8.1
Progesterone vaginal ring	8.2
Implementation mapping tool	8.1

5. How useful did you find the parts of the Cross Learning Day?

Cross Learning Day sections	Mean Score
Flash talk panels and Q&A sessions?	8.6
Fireside chat?	8.8

6. Did the Cross Learning Day meet your expectations? (Scale of 1-5, 5 being the best)

Question	Mean Score
Did the Cross Learning Day meet your expectations?	4.6

7. Overall score on whether the meeting met expectations (from 1 “completely not” to 5 “completely, yes”)

Mean Score	4.7
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Additional comments or suggestions:

Format of day

- Use the afternoon period (after lunch) to expand the sessions – increasing time for questions and further information sharing
- More networking opportunities need to be included
- Not sure portfolio-wide learning was addressed in day 1
- 10 minutes was short for the presentation before the flash talk panel
- There should be a pointer during the PPT in order to prevent presenter blocking participants from viewing the slides

Grantee coordination/progress updates

- Would like to hear more about the progress of the grants
- Expectations were somewhat met in terms of cross learning, areas of possible leveraging with other grantees
- There will be need to have at least one partner from the FP streams to share their experience within the previous year
- A paper with the list of new grants and scope would've been useful
- Would like more discussion on grantee coordination, perhaps as a prompt for the fireside chat

Networking and processing time

- Great day! Would prefer time in smaller groups for grantees to engage and share rather than in large groups.
- Insightful discussions, more time is required though to deep-dive into the discussions

Fireside chat

- The fireside chat was very helpful to have open space for dialogue and questions
- Fireside chat needed to have more space for additional questions
- Rodio anchored the meeting very well

Positive feedback

- The meeting is very good
- Good time management
- Great facilitation and design
- The friendly space and opportunity for partners to speak and share ideas freely is really commendable
- Awesome information, sharing, and learning from partners
- Right and timely information
- Time well managed
- Organization of the event was great
- Excellent opportunity to increase experience the development around contraception and encouragement
- Just the right length. Great to have high level and implementation level discussions, but wanted to hear more and learn more on implementation lessons
- Great discussions and energizers
- The flash talk format is very good, Focused and to the point with ample time for questions.

ANNUAL MEETING EVALUATION RESULTS
APRIL 10-11, 2019 – ABUJA

1. Overall workshop rating (scale of 1-10, 10 being the best)

Mean Score	9.0
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2. Summary ratings on whether the meeting achieved its objectives (from 1-10)

Objective	Mean Score
Provide an update	8.7
Reflect on findings and discuss key questions for the FP stakeholder community	8.4
Engage in a collaborative process	8.7
Identify key actions	8.3
Celebrate collective accomplishments and successes	8.2

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

Amount of Information	Frequency
Too much	1 (2%)
Just right	45 (98%)
Too little	0 (0%)
Total	46

4. How useful did you find the parts of the annual meeting?

Annual meeting sections	Mean Score
How useful was the interactive timeline?	8.1
How useful was the individual and small group reflection work using the workbooks (day 1)?	8.9
How useful was the small group reflection work using the workbooks (day 2)?	8.5

How useful was the Q&A with BMGF and government officials? 8.9

5. Did the Annual Meeting meet your expectations? (Scale of 1-5, 5 being the best)

Mean Score 4.5

Additional comments or suggestions:

Suggestions for improvement

- Would want all the presentations by email
- Need more time to go through the interactive timeline website
- Celebration of collective accomplishments was downplayed; it should be a key feature of the meeting in the future
- The portfolio performance with FP CAPE's annual evaluation was too high level
- More presentations by the grantees would've been helpful. Longer, too, with emphasis on tools and approaches that can be shared. The best part was the individual and small group reflection work on the workbooks – day 1
- The day 2 prioritizing actions was too high level in the end and not very action oriented
- Ensure to keep the view of FP grantees very present as its most needed
- Can the digital platform (interactive timeline) have a SOP in negotiation?
- The IMT [ExpandNet implementation mapping tool] is a go-to model for an implementation adaption exercise. Crave an opportunity to dialogue to gain both perspectives on next steps (the Q&A session with BMGF/government)
- It would be nice to highlight successful collaborations among grantees which could help encourage other grantees to latch on as well
- It may be nice to come down on specific areas each year – so provide the broad overview then come down on an area that needs attention (this decision can be made from the data)
- It would be great to see commissioners attend future meetings
- It would be good if there was an integrated reporting state/national progress or otherwise.
- There is a need to add one day to avoid stress
- Need more time to go through the interactive timeline

Team inspiration

- Re-fired for better performance together with team members
- Made me to continue and build upon
- Cause a learning process like we did here to reenergize my team
- Very inspiring to introduce new ideas in my staff

Self-inspiration

- The meeting is very interesting and highly useful to bring changes in FP services
- I intend to be an ambassador of FP in every given opportunity
- Yes, it has inspired me on how to go about achieving goals, differently

- It was a real cross-learning and interactive experience for me and our organization
- I intend to be involved through continuous engagement
- Yes. Increasing understanding of BMGF TOC and better informed on my work.
- I intend to apply this ensuring we review our training manual and contents to include rights-based FP and value clarification to ensure we reduce provider bias
- This meeting inspired me to introduce so many new ideas to my work
- Insight into other funding sources for some FP activities
- The meeting has definitely inspired me to introduce new ideas and increase demanding using our FP messaging
- Yes, continuous advocacy is the most sustainable TOC area
- Continue to advocate for FP (funding, policy, and visibility)
- The principles learnt here will be adapted to my work
- This was very insightful especially for grantees the importance of grantees keying into the goal of the state and federal government

Collaboration/partnerships with grantee and state

- Yes, try to be more intentional about collaborating within other partners in the FP space
- Will reach out to partners in the space when I encounter any bottlenecks
- Yes – collaboration not competition
- More state engagement
- More collaboration when expanding
- Finding points of leverage among grantees
- Yes, this meeting identified some gaps that need to be bridged
- Use this knowledge to repurpose our technical support to fed/states and other implanting partners
- Support data for decision making across implementing states
- Collaborate with CSOs and partners on advocacies to government and relevant agencies to bring changes
- Yes, this meeting inspired me within the frame of collaboration in implementing our TA
- Engage actively with other implementers to ensure that FP becomes part of the benefit package in our state
- I will apply this through active collaboration with implementing partners, double up on advocacy, and intersections
- Will be more collaborative and supportive for the overall national FP goal
- Recognition of the need to simplify FP messaging to key stakeholders and government officials, etc.
- Improve in collaboration and advocacy to SMOH and other stakeholders
- Yes, will collaborate more
- Advocacy work at high level
- More collaborators with service supply agency as well as deeper advocacy conversations with Government in our identified states
- Yes, the issues of coordination and competition are things that I'll consider strongly
- This has inspired me to collaborate with other grantees
- By enhancing collaboration with IPs and other thematic areas – will apply the knowledge
- I will be convening a meeting with relevant officers to discuss the issues and chart a way forward, and review my FP programs
- Yes, I need to collaborate more. Will share this.

Ideas to take back to team

- Will apply service delivery priorities and focus on strengthening the capacity of providers
- Generate more demand for other methods aside condoms
- Need for FP support through high level advocacy
- Engage commitments from the state

Praise

- FP CAPE is a good initiative that strengthens government and partner collaboration, including inter partner relationships. It gives fresh ideas and a drive to be better.
- The organization and setting of the workshop was excellent
- It is very interesting/interactive, so much to take home
- Impressive Q&A session with BMGF officials
- Very impressive meeting with great outputs
- Exceptionally impressive interactive timeline
- Great reflection time
- Availability of individual worksheets in very good innovation in this meeting
- Useful work on day 2, though some partners were trying to push their individual goals
- Congrats FP CAPE and BMGF
- The information presented are really timely and useful for the work being done by our team
- The workshop is exciting
- Very useful, learned a lot.
- The workshop is informative and very interactive
- Well organized and enriching workshop
- Very useful really, the small working groups were very interactive.
- A forum where all the partners can say a bit about what they do and other partners ask questions
- It was well put together. It was good to see FP from a broader perspective as opposed to a partner's lens