FP CAPE

Family Planning Country Action Process Evaluation

Insights Deck – Nigeria

February 2019

UNC CAROLINA POPULATION CENTER

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Executive summary

Nigeria findings and insights (2018)

Overall portfolio progress

Positive
Mixed
Negative

TOC segment	Geography	Status	Details
Enabling environment	National		► Overall positive government leadership and policy progress ► Mixed/slow results on government funding release, persistent barriers to data use
Demand generation	Kaduna		► Maintained levels of program exposure ► Intention to use among all women and youth increasing slightly
	Lagos		► Slight decline in exposure to FP messages ► Intention to use among all women and youth increasing slightly
Service delivery	Kaduna		► Improvements in access & quality, although still more to do
	Lagos		► Access to FP fairly high with reduced stock-outs
Impact	Kaduna		► mCPR has increased since 2016 but some suggestion of stalling or slight decline in most recent data
	Lagos		► mCPR increasing

Summary dashboard: Enabling environment

2018 brought progress in TSP and CIP roll out across states and significant funding releases for FP although still below allocations

2018 release of FP funds (in USD)

$1 M
Government disbursement

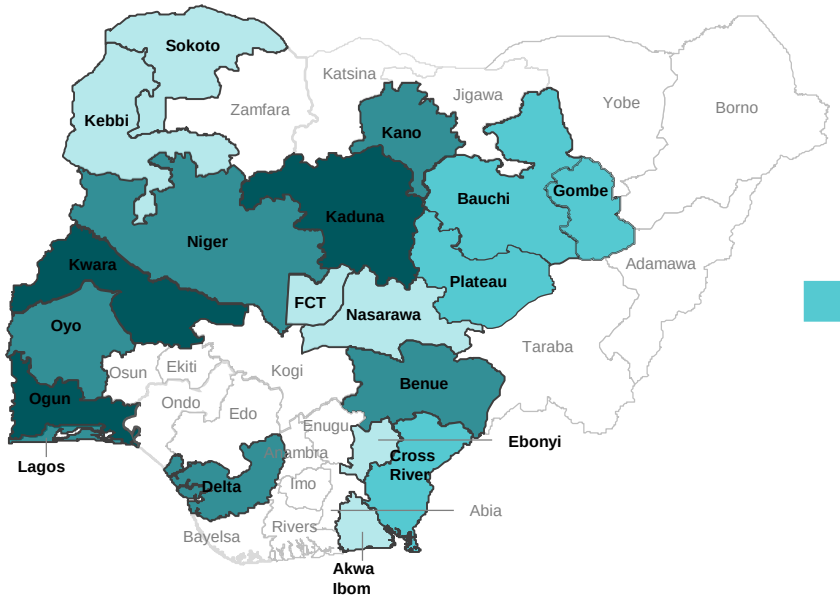
$0.74 M
State-level disbursements

CIP progress 2016-18

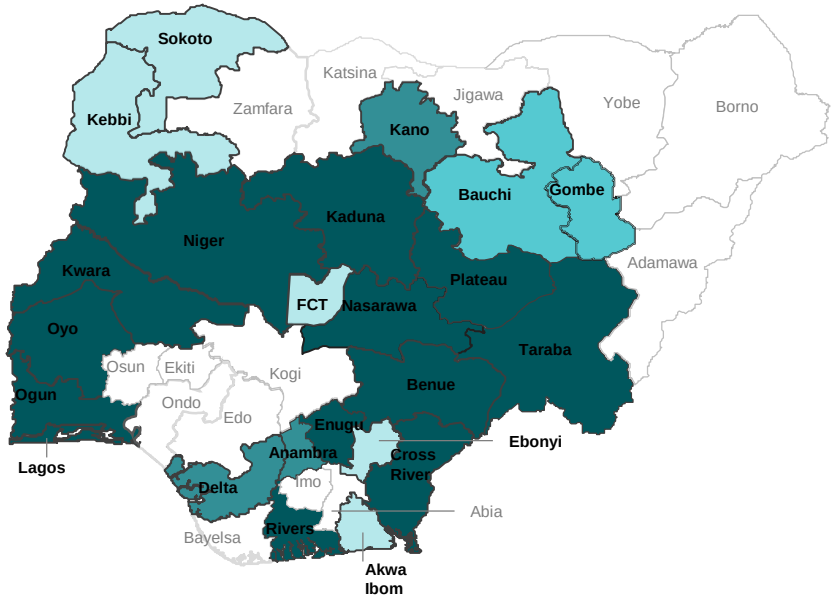
Status	Number of states
Completed	14
Scaled by other donors	8
Started	4

TSP progress 2017-2018

TSP as of December 2017



TSP as of December 2018



TSP operationalized/implemented | TSP draft validated | TSP draft completed | Advocacy work ongoing for TSP

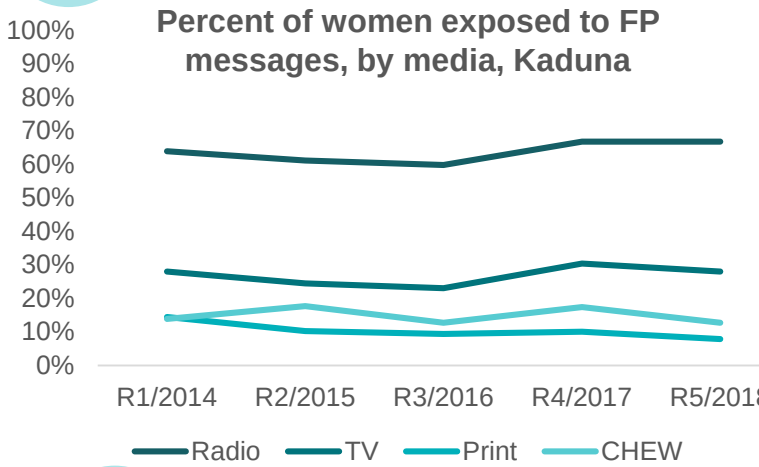
Data use

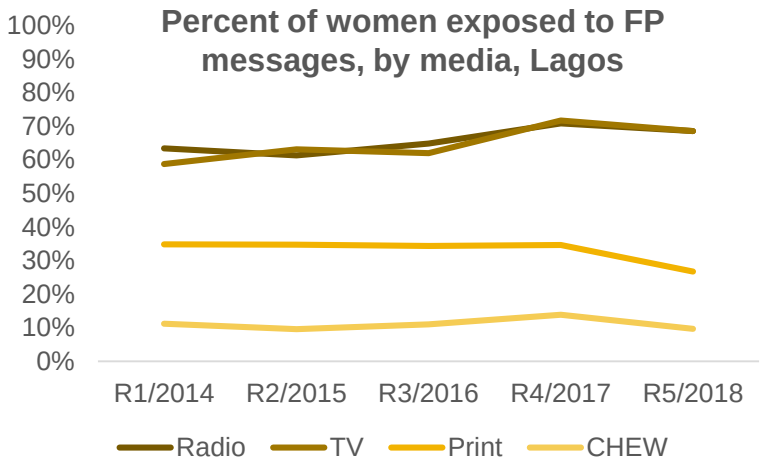
While there is growing demand and capacity for data use, gaps in data and weak technical capacity for data analysis and use remain constraints

Summary dashboard: Demand generation

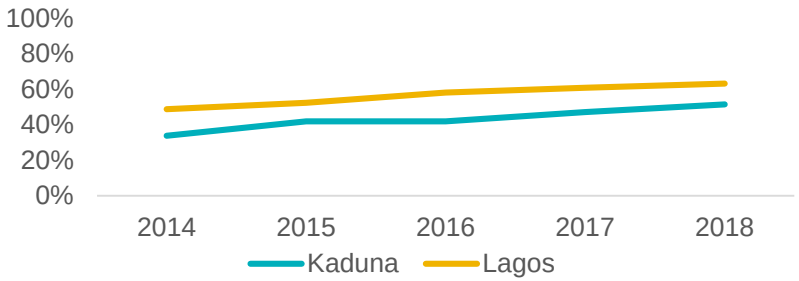
Intention to use FP continues to rise in Kaduna and Lagos, particularly among youth. In Lagos, media exposure has decreased slightly over the past year.

Media exposure has stabilized in both Kaduna and Lagos





Intention to use FP among youth

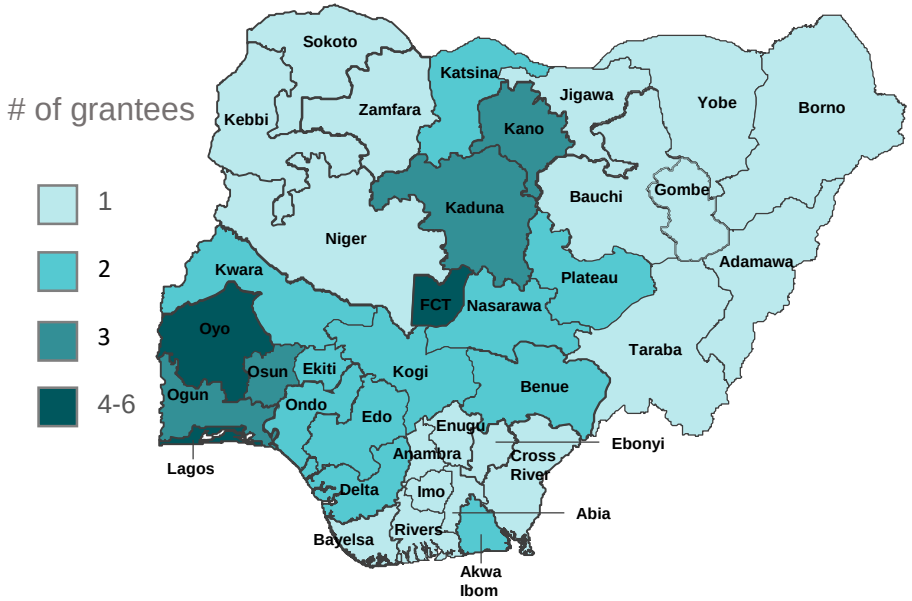


Key barriers

Restrictions around marketing on FP on mass media

Implementation difficulties ranging from SM retention to recruitment of FP media developers for programs

# of grantees working on demand generation in each state

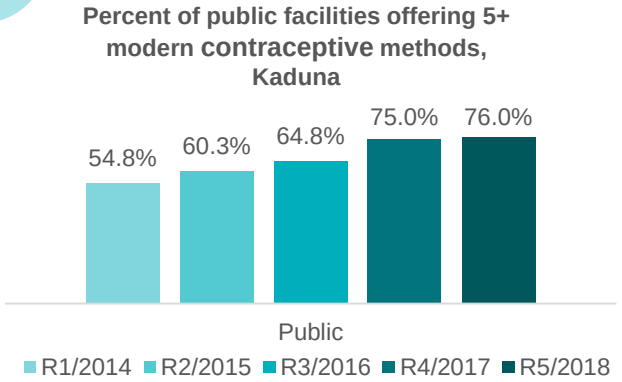


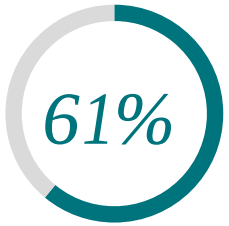
Source: PMA2020 data (R1-R4 Kaduna & Lagos), PO interviews, SSM, document review

Summary dashboard: Service delivery

In Kaduna, more public facilities are offering at least 5 modern methods, and in Lagos most public facilities offer at least 5 modern methods. Use of DMPA-SC remains low.

Kaduna: Access is increasing, could be improved further



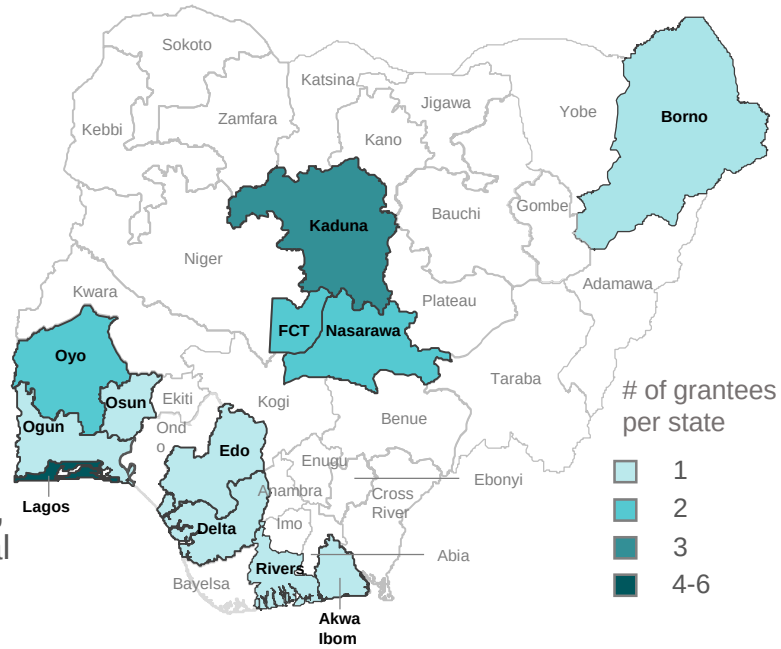


of women in Kaduna get their method from public facilities

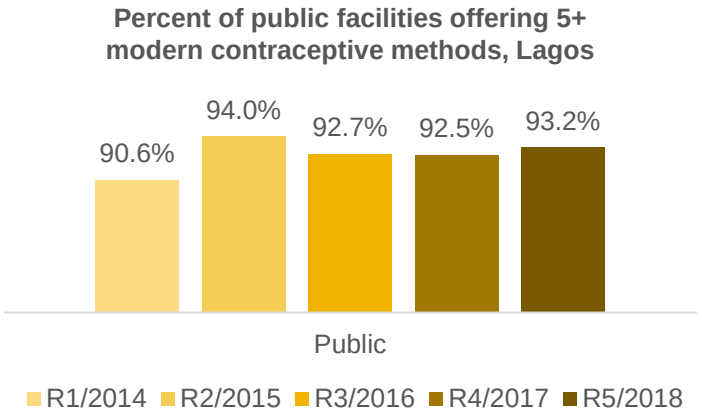
Key barriers

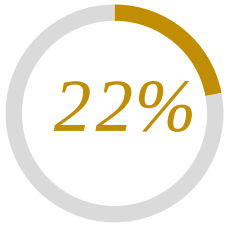
Insufficient number of FP trainers & FP providers, attrition/transfer of trained providers, work overload thus limiting availability of provider

Bureaucracy, coordination issues, restrictions, and F/SMoH approval delays, embargo on employment in states



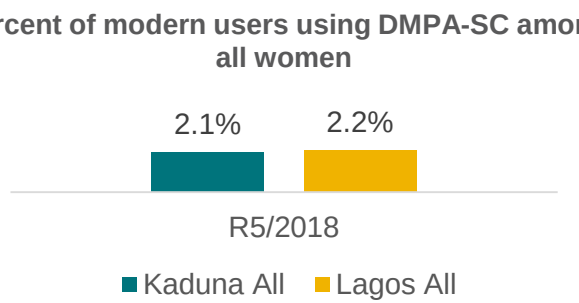
Lagos: Access to FP remains high





of women in Lagos get their method from public facilities

DMPA-SC use remains low

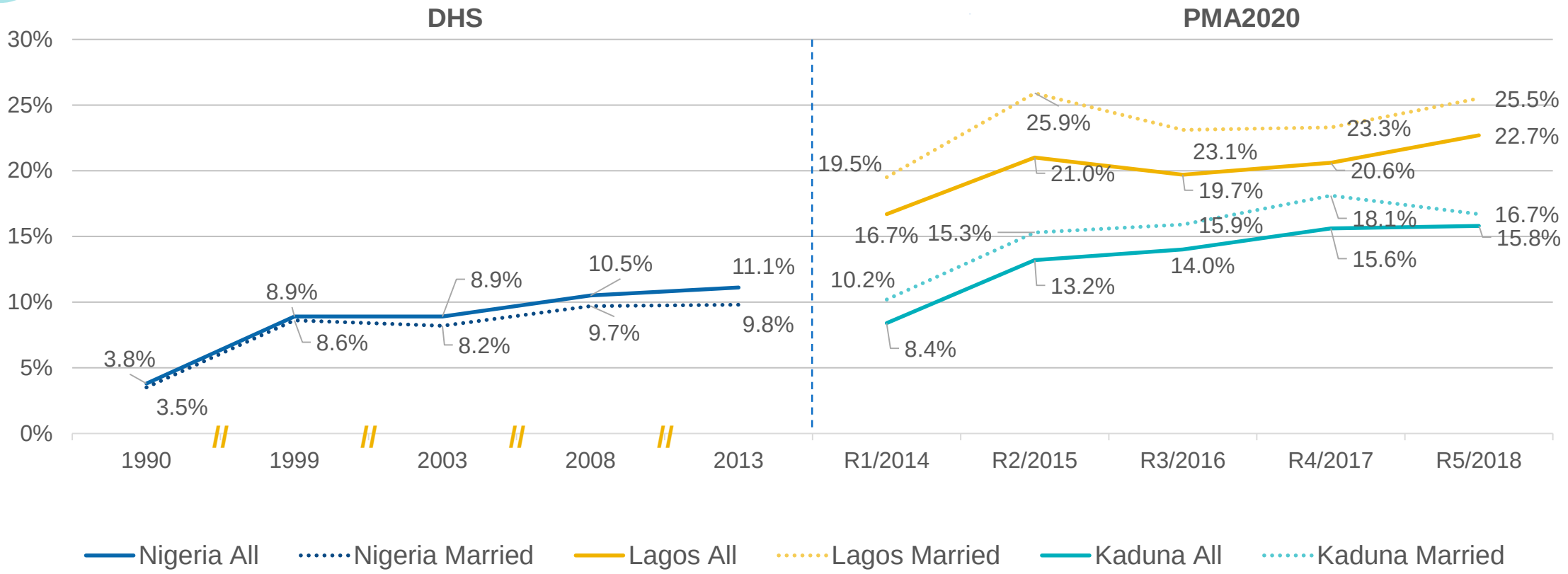


Source: PMA2020 data (R1-R5 Kaduna & Lagos), PO interviews, SSM, document review

Summary dashboard: Impact

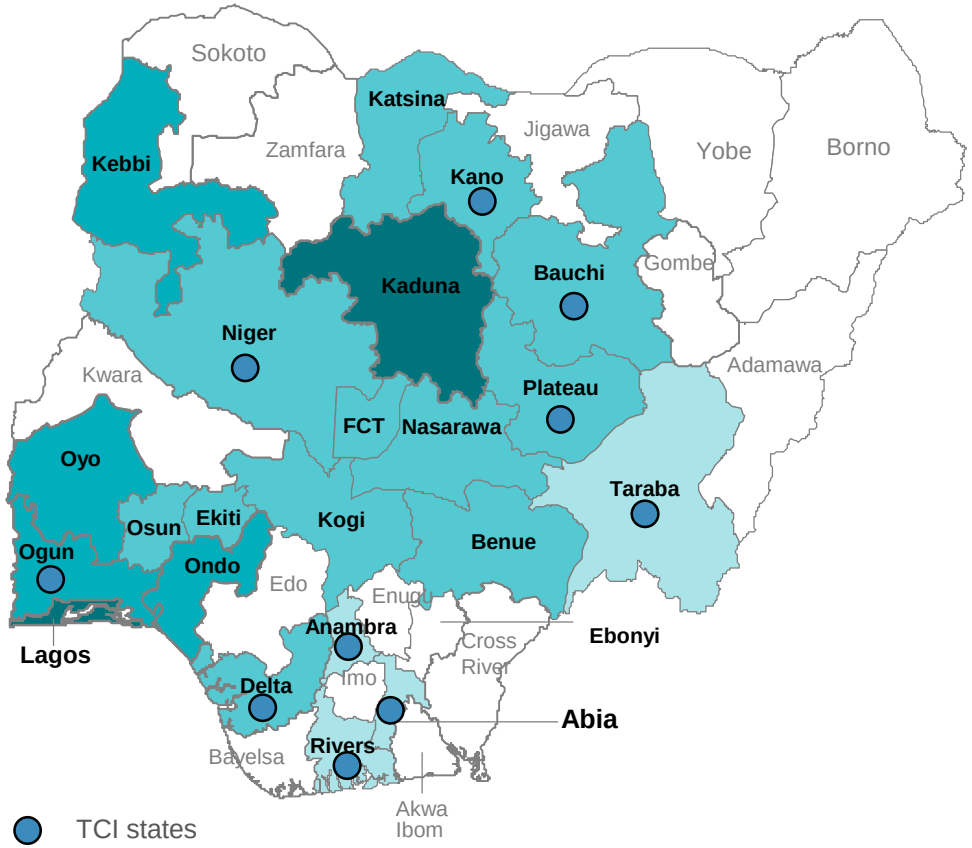
mCPR generally trending upwards for all women (ages 15-49) in both Kaduna and Lagos but slight decrease among married women in Kaduna in 2018.

mCPR longer-term trends



Source: PMA2020 data (R1-R5 Kaduna & Lagos); DHS 1990, 1999, 2003, 2008, 2013

Scale up and BMGF expansion



Enabling environment

- AFP, TSU 2.0, & Track20 continue to support CIP development throughout Nigeria
- Multiple grantees supporting TSP scale-up in various states (AFP, ASG, TSU 2.0 & NURHI2)
- In September, Nigeria's Essential Medicines List committee approved inclusion of DMPA-SC

Demand generation

- NURHI2 strengthening FP messaging on multiple media platforms, including three-part transmedia spot in Oyo

Scale-up of successful models

- TCI expanded to 5 new states (Abia, Anambra, Plateau, Rivers and Taraba) leveraging on the successes of the NURHI approach
- The Nigeria State Health Investment Project in Bauchi State adopted the NURHI-led 72-hour clinic makeover model
- Track 20 has expanded to support 4 additional states: Delta, Kano, Ogun, and Oyo
- Multiple grantees involved in planning for the public sector introduction and scale-up of DMPA-SC

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

02

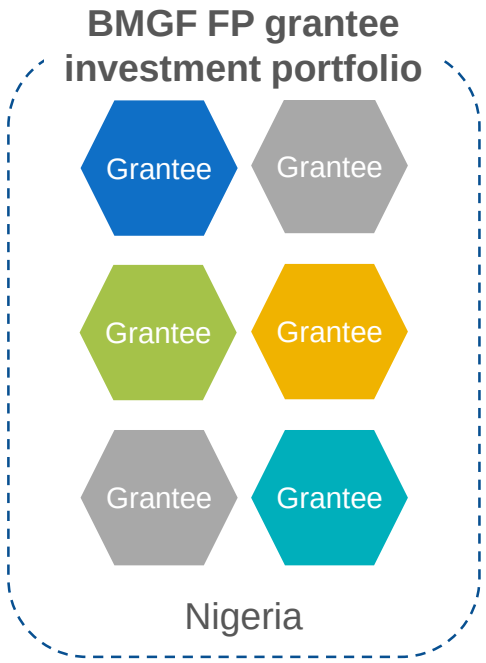
FP CAPE overview and Nigeria portfolio theory of change

A portfolio evaluation

FP CAPE takes a systems perspective to evaluating the complex, constantly changing portfolio of grantees

Active for three years (2016-2018), FP CAPE analyzed multiple rounds of quantitative and qualitative data to understand how/why the BMGF Nigeria FP portfolio may be driving changes.

BMGF's FP grantees support Nigeria in reaching the FP2020 goals towards increased mCPR.



Grantees form an interrelated and dynamic portfolio to evaluate, as they interact in an ever-changing system.

Simple evaluation approaches are not sufficient to understand the portfolio of grantees at a country level.

The Family Planning Country Action Process Evaluation is a systems-aware, realist, theory-based evaluation that synthesizes many kinds of real-time evidence on how and why the portfolio may be driving change, from 2016 to the present.

FP CAPE
Family Planning
Country Action Process Evaluation

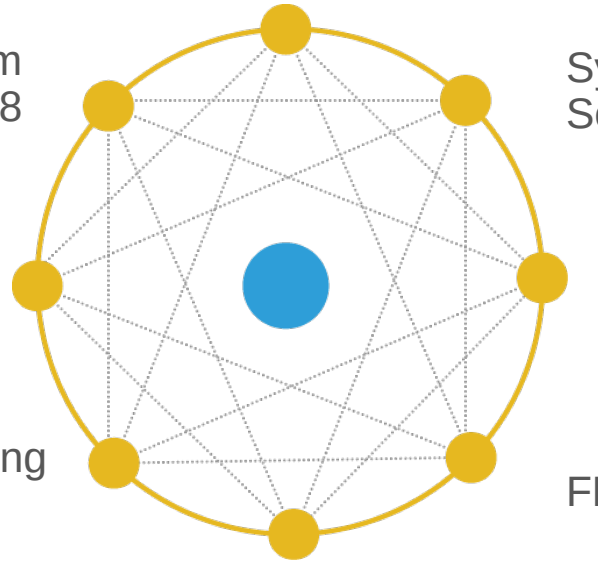
Analysis & special studies completed

Over the last year, we have added to the body of evidence on BMGF-funded family planning activity in Nigeria. This deck consolidates the results of the following:

Sentinel indicators using PMA2020 Kaduna/Lagos data, Round 5/2018

New interview data with BMGF Program Officers, April and November 2018

System Support Mapping (SSM) data, September 2018



Federal enabling environment special study, Spring 2018

Updated systematic document review, including grantee reports, grantees' quarterly updates, findings, and monitoring data, ongoing

FP CAPE interactive timeline, ongoing

FP2020 commitments, ongoing

Funding information for both the state and federal level, ongoing

Theory of Change: BMGF Nigeria investment portfolio

FP CAPE's research questions are based on a Theory of Change that defines and monitors causal linkages, starting with portfolio investments and moving to increased national mCPR.

Investment Portfolio

National/state-level development

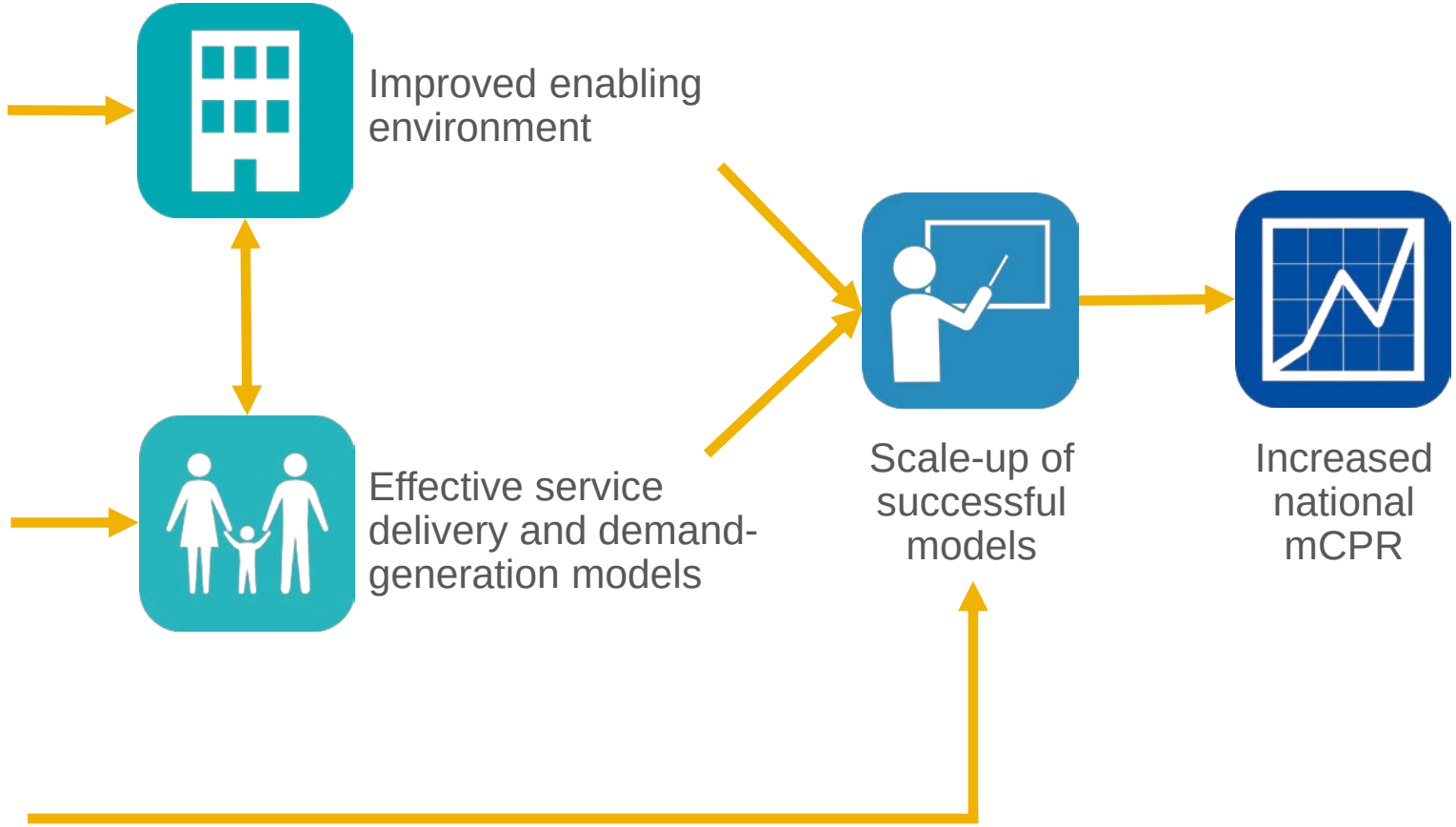
- Advocacy
- Government of Nigeria capacity
- Data generation and use

Model testing and learning

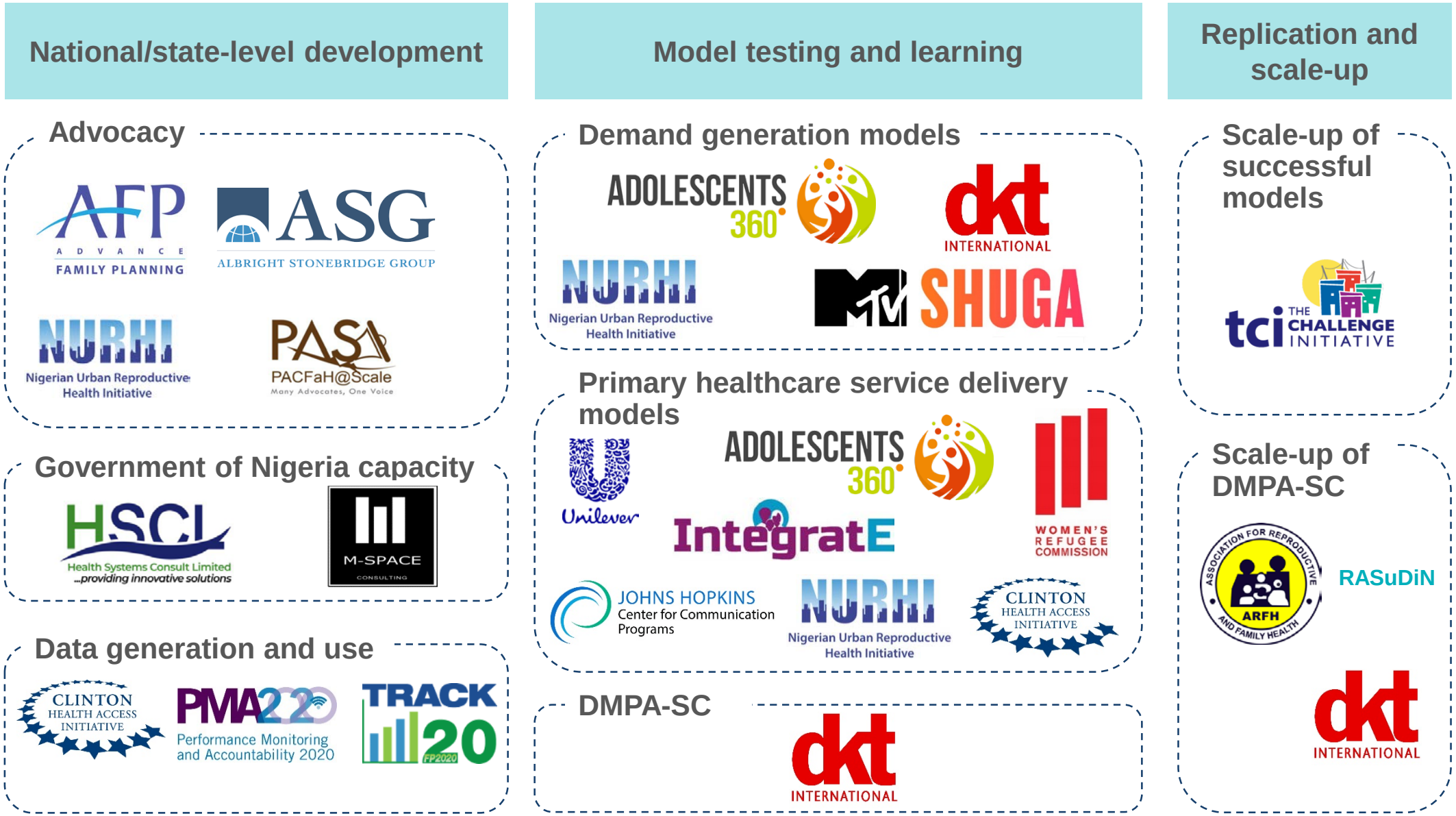
- Demand-generation models
- Primary health care service delivery models
- DMPA-SC through the private sector

Replication & scale-up

- Scale up of successful models
- Scale up of DMPA-SC



BMGF Nigeria FP Grantees, by Theory of Change area



Nigeria investment portfolio: Critical assumptions

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

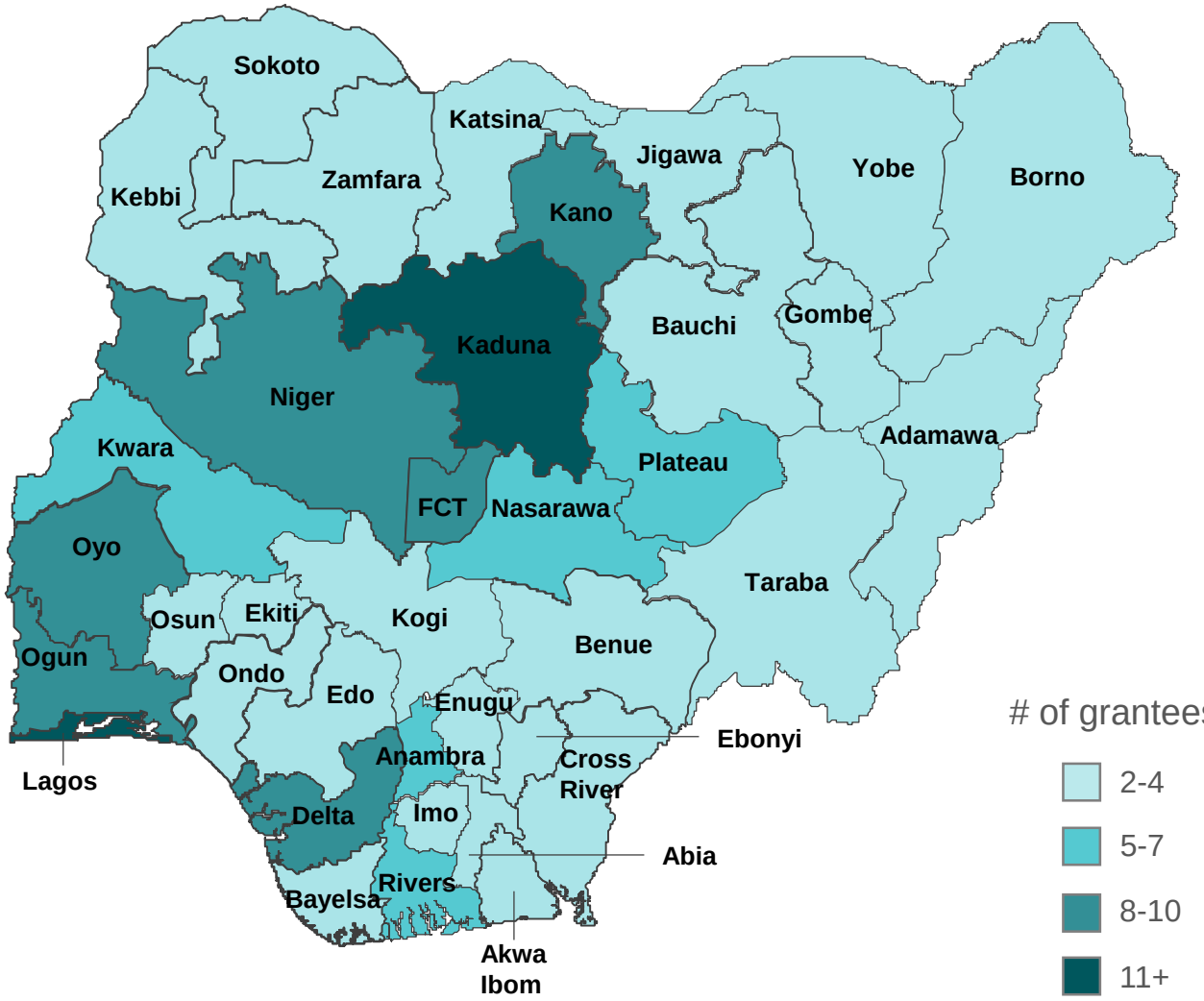
Investment Portfolio

Outcomes

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

Grantees are working on FP initiatives across Nigeria

All states have at least two grantees working on FP initiatives.



# of grantees per state

- 2-4
- 5-7
- 8-10
- 11+

- The map to the left identifies the number of grantees who are working in each state
- Kaduna, Lagos, Ogun and Oyo have the highest number of grantees working in them.
- Federal-level work (number below) identifies grantees who are working with the federal government towards broadly increasing the enabling environment at the national level.

# of grantees working at the Federal level **9**

Nigeria: Findings

Targeted evaluation findings and new results

Enabling environment

Nigeria findings

Enabling environment

Critical assumptions	Expected changes	Sentinel indicators
Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of FP	FP visibility increases	▸ FP2020 Government commitments ▸ # of reproductive health technical working group meetings held (No new data) ▸ # of organizations/partners in attendance at RHTWG meetings (No new data)
	Increased government financial resources for FP	▸ FP as a % of the national health budget (No new data) ▸ Government FP funding commitments, allocations and disbursements (USD)
Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing Policy	TSP is operationalized across states	▸ # of states taking steps to operationalize TSP and status
Targeted support to FMoH/SMoH strengthens donor coordination and costed implementation plans (CIPs)	Donor coordination increases	▸ No new data
	CIPs are strengthened	▸ # of CIPs initiated/completed and where
Strong measurement drives performance	Data used to make decisions	▸ No new data

Nigeria FP2020 commitments

Sustained advocacy efforts have increased the visibility of FP at the national level and encouraged positive statements, financial commitments, and more.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

2012: Past FP2020 commitments	2017: Additional FP2020 commitments	2018: Progress	2020: Goals
Nigeria commits to train community health extension workers (CHEWs) and support task shifting so CHEWs in rural areas can provide multiple methods	Expand implementation of Task-Shifting Policy to include patent medicine vendors and community resource individuals to improve access to FP services in difficult to reach areas among disadvantaged populations		27% mCPR
Nigeria will allocate $8.35 million annually for the procurement of reproductive health commodities	Increase annual allocation for contraceptives to $4 million	UNFPA and FMoH signed a MOU for $4 million from 2018 to 2020.	
Nigeria will use social marketing to mitigate socio-cultural barriers to family planning use	Partner with all stakeholders and gatekeepers to reduce socio-cultural barriers to use of FP services	Christian and Islamic Perspective on Reproductive Health and FP launched and disseminated.	
	Invest in a robust accountability system that tracks and reports domestic resource FP expenditures at national and state levels	FMoH National Health Accounts included FP as subset of RH expenditures to be implemented and tracked in 2018	
	Remove regulatory barriers and take to scale access to new contraceptive methods such as DMPA-SC injections	DMPA-SC now included in EML. Guidelines on DMPA-SC Introduction and Scale up is finalized and will be disseminated in Abuja.	
	Ensure the provision of age-appropriate sexual & reproductive health information to youth through the Family Life Health Education Curriculum and youth-friendly services in health facilities and other outlets	Planning to address this through the creation of a multi-sectoral platform with the Ministry of Budget & National Planning and Governor's forum.	

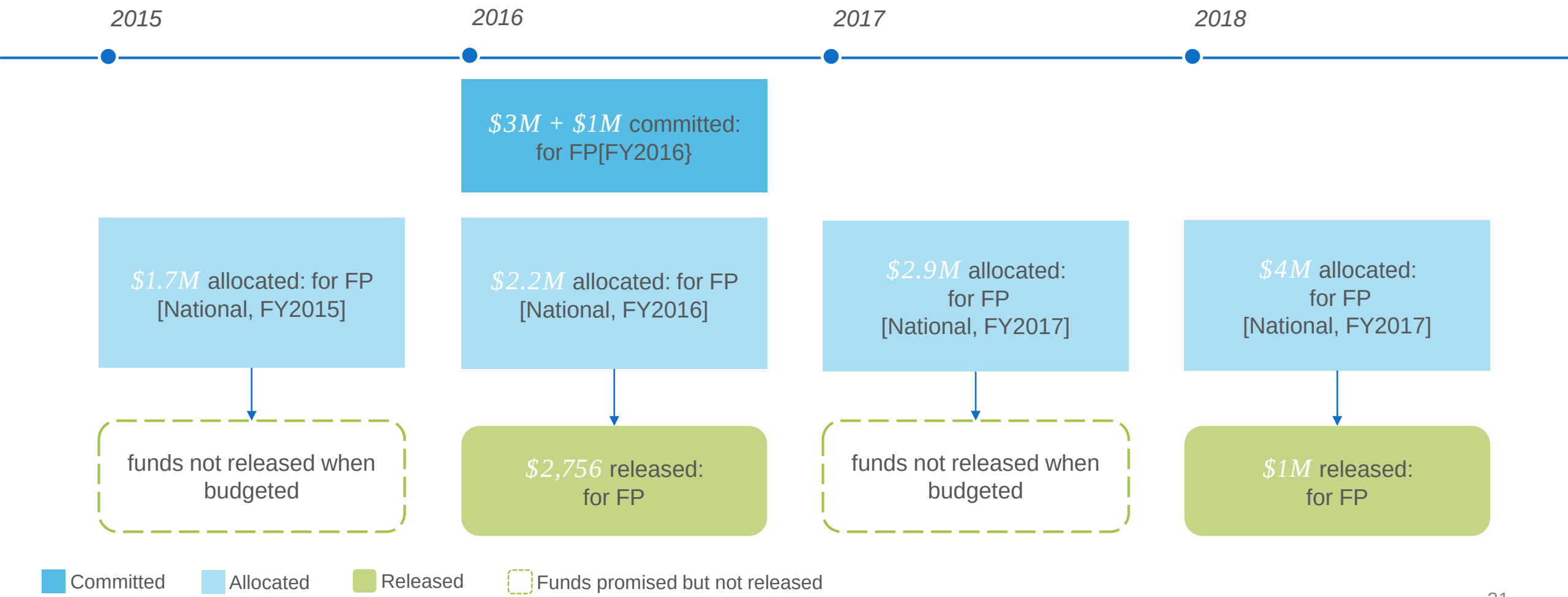
Source: FP2020 website, AFP website

Nigeria government FP funding status (national)

The Government of Nigeria has consistently allocated money for FP funding, however release of funds has been inconsistent.

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP



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

State FP funding status (in USD)

ToC critical assumption

Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP

	2016	2017	2018
Benue			$141,600 allocated $4,800 released
Cross River	$21,100 allocated	$23,100 allocated	$12,600 allocated
Gombe	$71,800 allocated	$15,100 released	$55,900 allocated $27,681 released
Kaduna		$308,500 allocated $138,800 released	$304,800 allocated $304,800 released
Kebbi	$42,300 allocated	$30,800 allocated $18,500 released	$28,000 allocated
Kwara	$16,900 allocated	$30,800 allocated $24,700 released	$11,700 allocated $70,000 released
Lagos	$94,000 allocated	$267,600 allocated $86,700 released	$659,900 allocated $134,200 released
Nasarawa	$84,500 allocated $21,100 released	$46,200 allocated $15,400 released	$166,600 allocated $123,000 released
Ogun		$109,500 allocated $27,500 released	$159,400 allocated $46,400 released
Oyo	$25,400 allocated	$18,500 allocated $50,900 released	$109,000 allocated $33,600 released
Plateau	$21,100 allocated $21,100 released	$18,500 allocated	$64,300 allocated

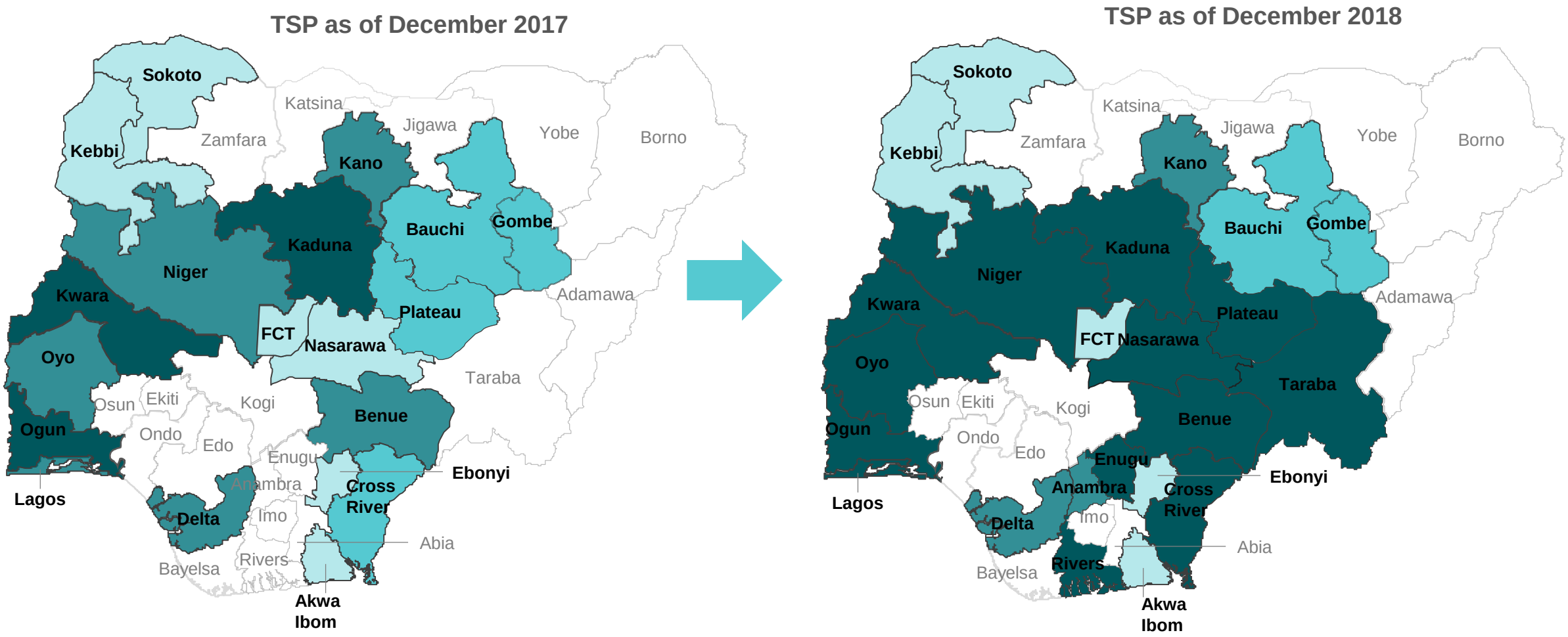
Source: Pathfinder AFP data. Note: Also includes Saving One Million Lives FP allocations. Currency conversion using average annual rate. Numbers rounded to nearest hundred. Lagos 2018 allocated amount is shortened for visualization purposes.

TSP operationalization across states

TSP have been operationalized/implemented in 10 new states since 2017.

ToC critical assumption

Advocacy efforts lead to the operationalization of Task-Shifting & Task-Sharing policy (TSP)



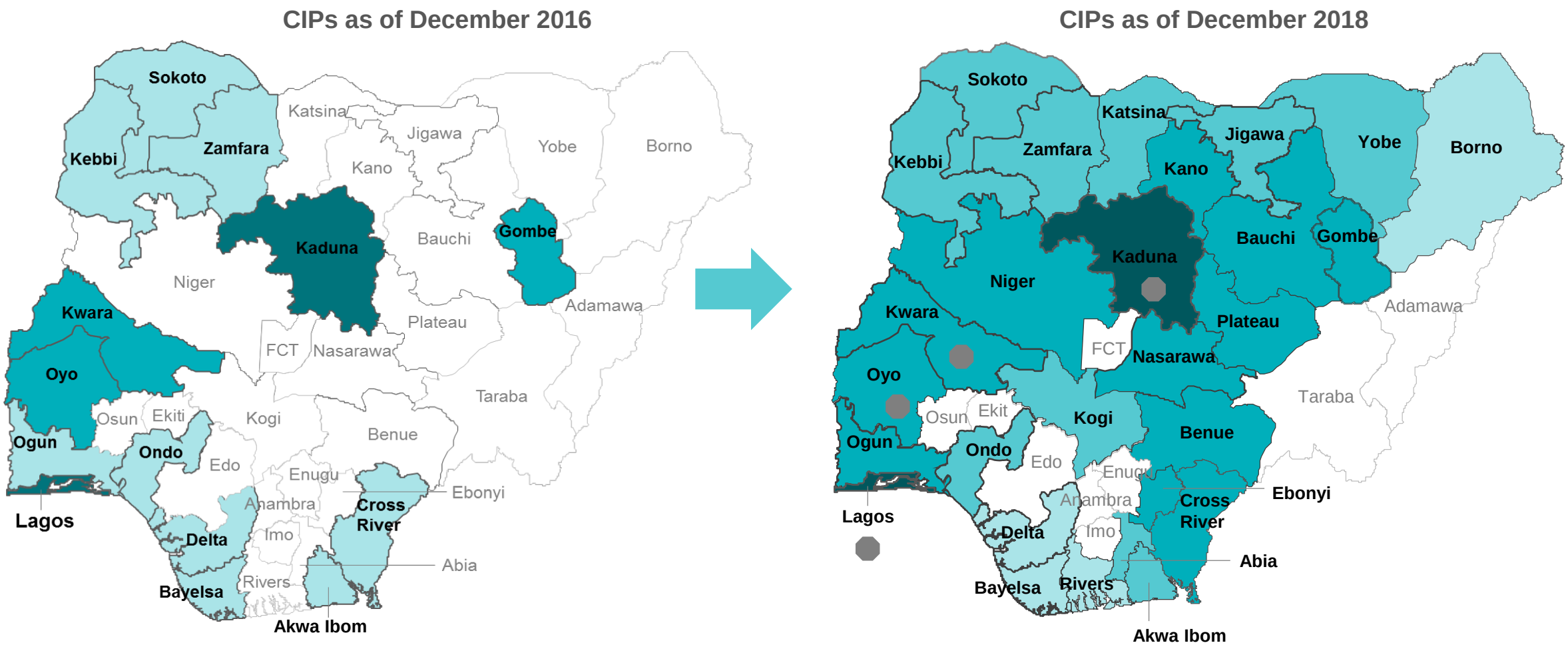
Source: Grantee documentation, grantee monthly updates

CIPs have significantly scaled up from 2016-18

Costed implementation plans (CIPs) have been completed in 14 states, scaled by other donors in 8 states, and started in 4 states.

ToC critical assumption

Targeted support of FMoH/SMoH strengthens donor coordination and CIPs



Source: Grantee documentation

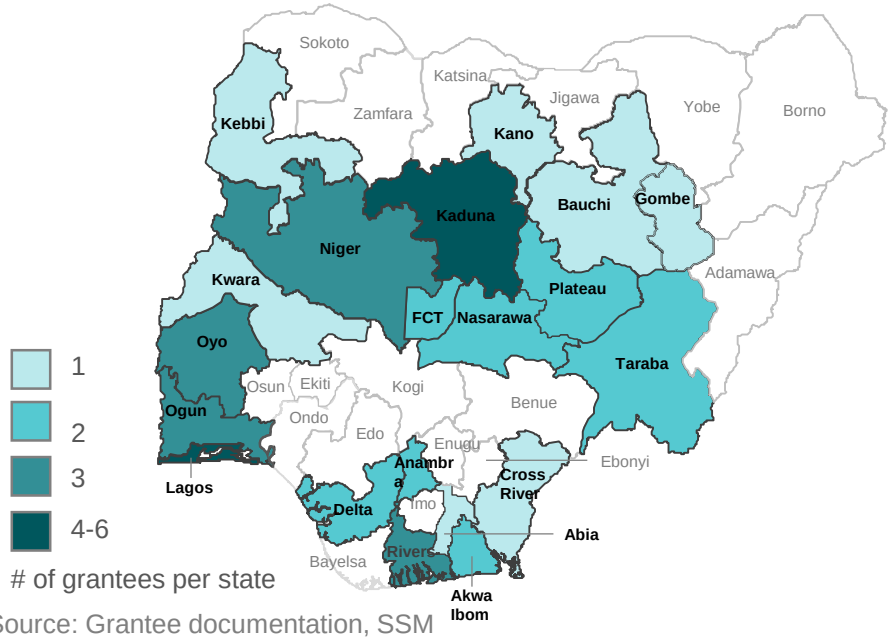
Grantee state- and federal-level coverage for government development varies by state

At the state level, grantees are particularly active in data collection and use.

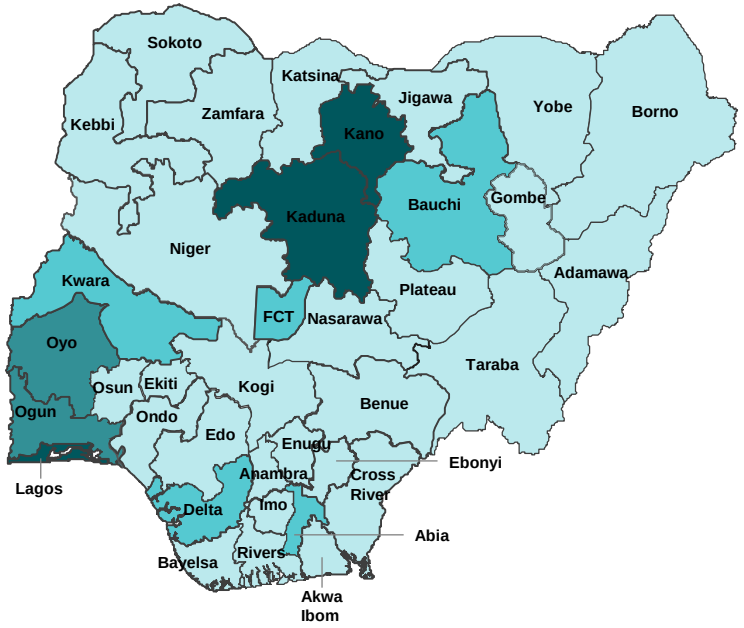
- State-level work (maps below) identifies the number of grantees who are working within each state.
- Federal-level work (table to right) identify grantees who are working with the Federal government towards increasing the enabling environment.

Activity area	Grantees working at the federal level
Advocacy	5
Capacity building	4
Data collection & use	2

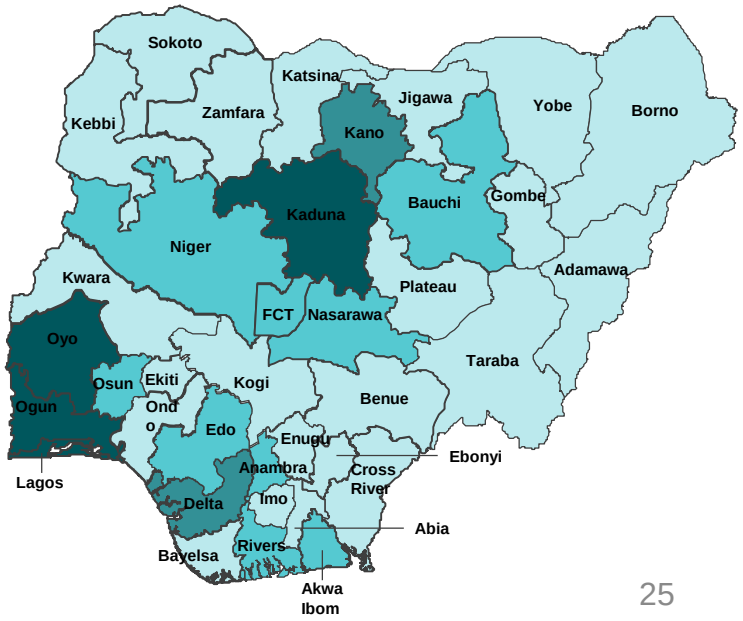
Advocacy



Capacity building



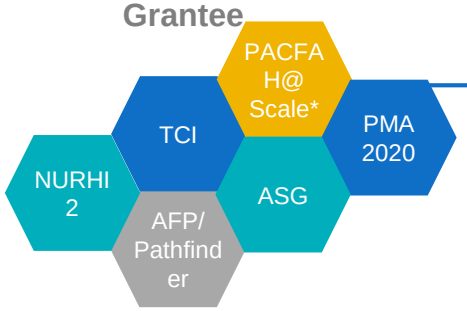
Data collection & use



Source: Grantee documentation, SSM

SSM grantee-level findings: Advocacy

Grantee



New activities

2016

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

2017

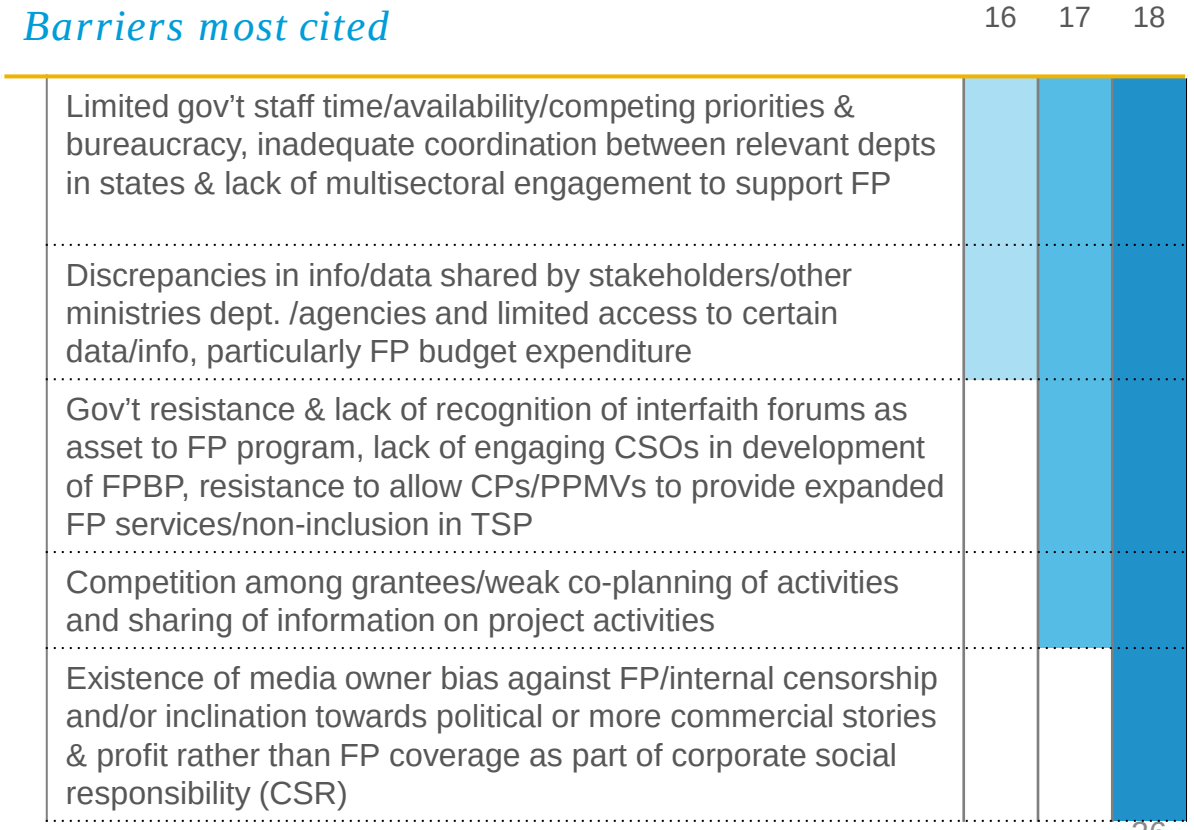
- Advocate to states to ensure FP is a priority in Strategic Health Development Plan II (2017-2022)
- Advocate & support state domestication & operationalization of TSP
- Engagement w/gov't FP champions/ budget tracking
- Strengthen advocacy efforts via strategic info gathering, using PMA2020 data, strengthening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

2018

- Strengthen advocacy on gov't accountability, financial commitments & timely allocations, CIP implementation at state level
- Advocate for CPs/PPMVs pilot FP project and inclusion of CP/PPMV data into NHMIS & FPDB
- Strengthen CSO and FP stakeholder engagement strategy

Facilitators most cited

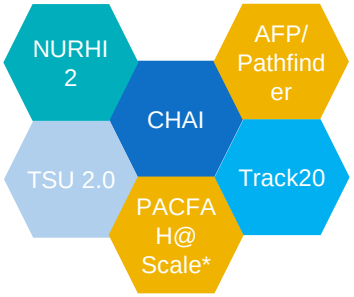
Barriers most cited



*Note: Includes CCRHS, AAFP, SOGON, PSN, NNNGO

SSM grantee-level findings: Capacity building

Grantee



New activities

2016

- Build capacity of gov't & FP partners on dashboard, FP program mgt, HMIS/M&E structures, FP GOALS model, budget tracking & funding gap analysis
- Provide TA to state CIP development & execution
- Organize TWG/donor & subcommittee mtgs at federal & state levels

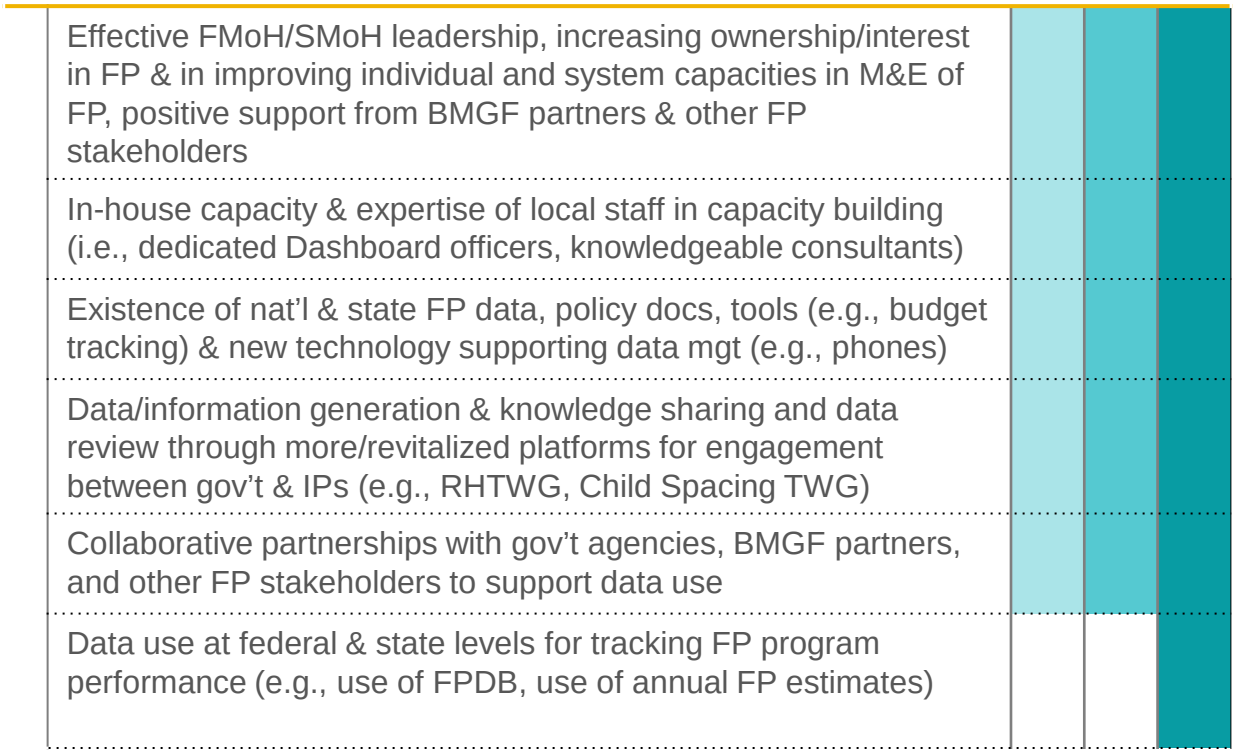
2017

- Recruit & train M&E officers (MEOs)/FP coordinators to produce FP2020 annual estimates
- FP Dashboard management transition to gov't

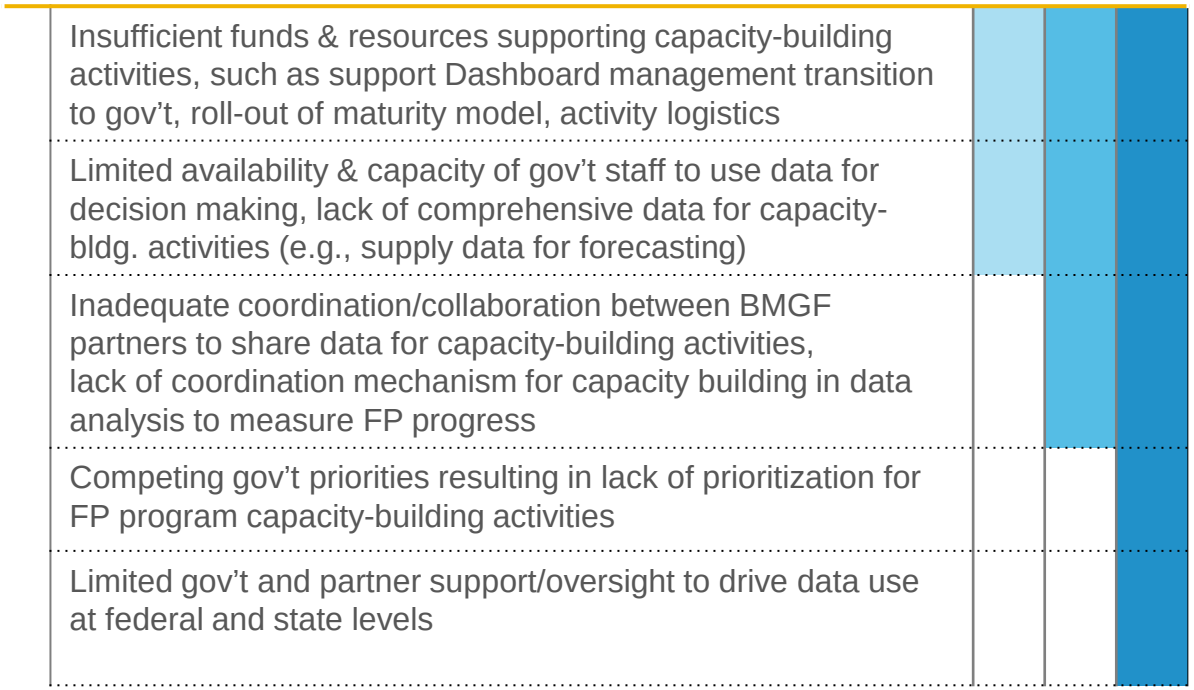
2018

- Support to new IPs (e.g., PSN) to implement FP Strategic Plan
- Support to gov't to develop and implement FP policies

Facilitators most cited



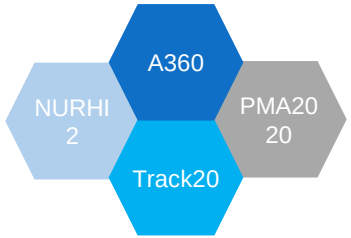
Barriers most cited



*Note: Includes PSN

SSM grantee-level findings: Data collection & use

Grantee



New activities

2016

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

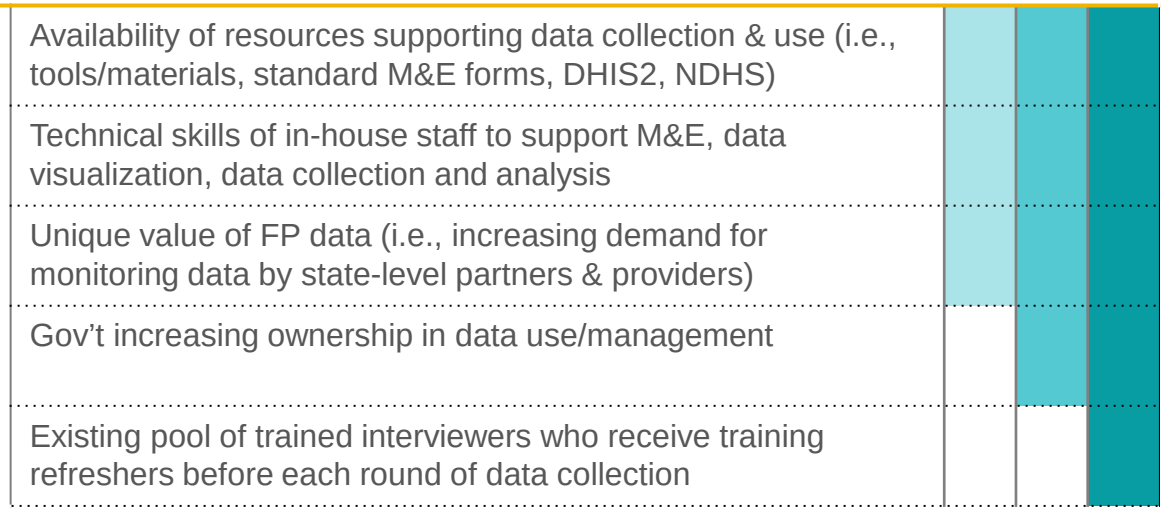
2017

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

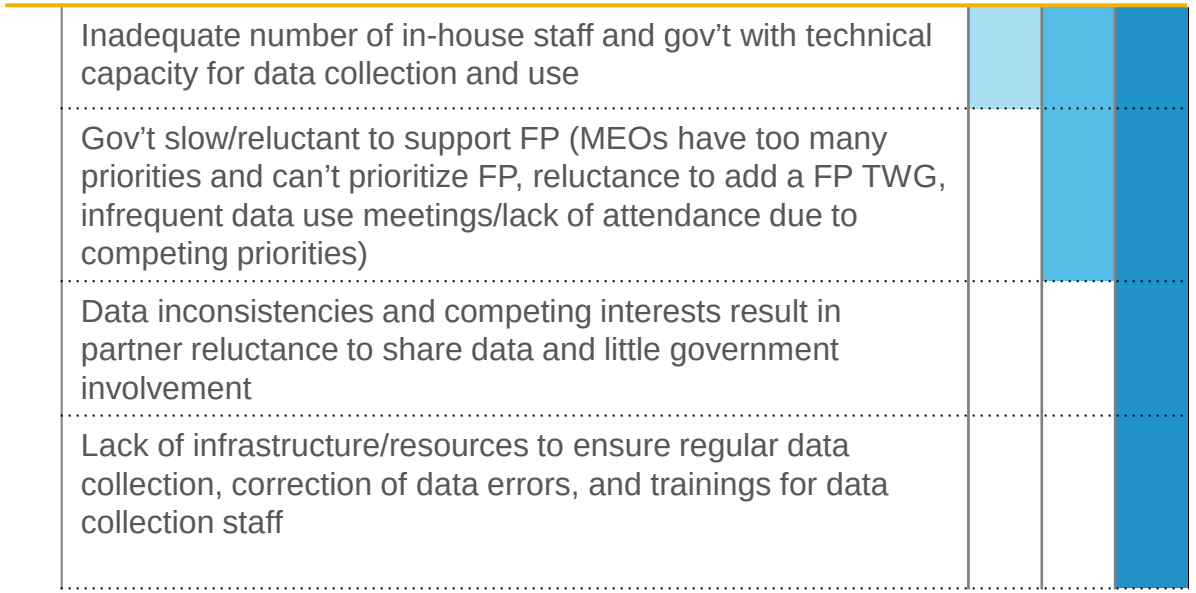
2018

- Data collection innovation and data use

Facilitators most cited



Barriers most cited



Enabling environment: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*	*Gov't*
Good collaborative partnership with gov't agencies, partners, and stakeholders	■	■	■
Strong internal capacity for effective advocacy, capacity building and working with the gov't	■	■	
Existence of nat'l and state FP data, policy documents (i.e., FP Blueprint, CIPs), engagement strategies, advocacy core groups, and resources supporting data use and program planning/implementation		■	■
Increasing availability of data, value placed on data, and increasing capacity for use at the federal and state levels for tracking FP program performance and informing policies		■	■

Barriers most cited			
Delays between gov't commitments on financial contributions to FP and their actualization (i.e., inconsistent budget release) and competing health funding priorities within gov't	■	■	■
Poor coordination/collaboration and competing interests between BMGF grantees, between states, and within gov't	■	■	■
Data inconsistences, little infrastructure to support data collection and use, and low capacity for data use for decision making among gov't and partners		■	■
Sociocultural barriers to FP (i.e., negative beliefs about FP in the gov't, differences in beliefs between regions, media bias against FP)		■	■
Limited gov't time/availability and competing priorities resulting in slow of support for FP policies, data use, and capacity building		■	■

Source: PO interviews, SSM, grantee updates, document review, FP CAPE Special Study Findings Report

Summary dashboard: Enabling environment

2018 brought progress in TSP and CIP roll out across states and significant funding releases for FP although still below allocations

2018 release of FP funds (in USD)

$1 M
Government disbursement

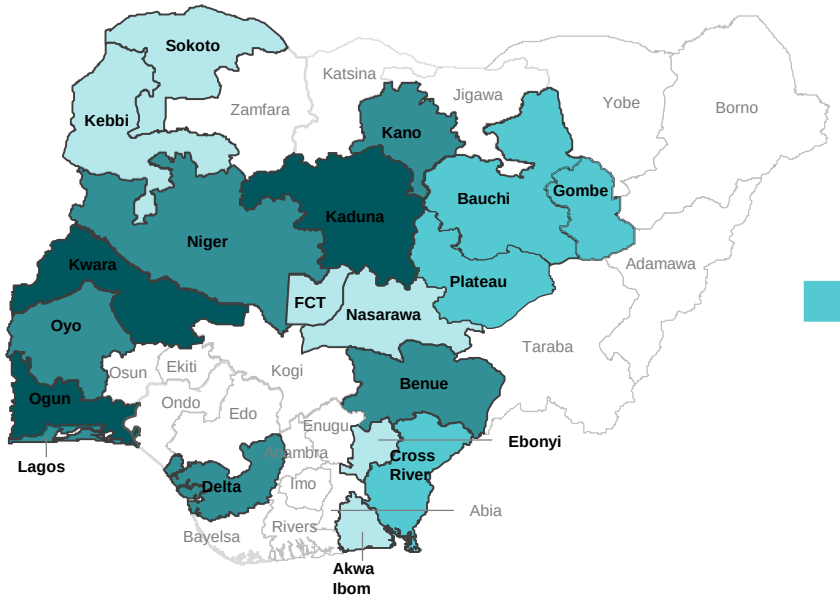
$0.74 M
State-level disbursements

CIP progress 2016-18

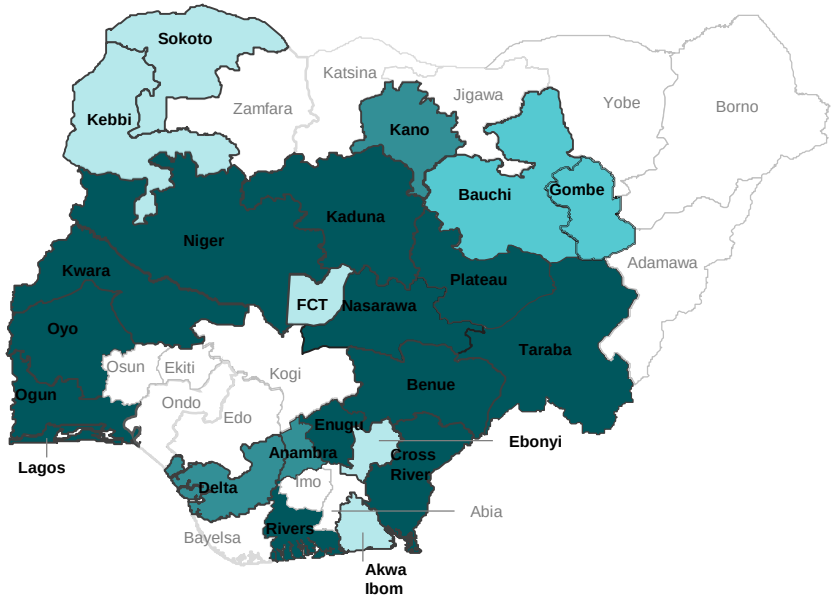
Status	Number of states
Completed	14
Scaled by other donors	8
Started	4

TSP progress 2017-2018

TSP as of December 2017



TSP as of December 2018



TSP operationalized/implemented | TSP draft validated | TSP draft completed | Advocacy work ongoing for TSP

Data use

While there is growing demand and capacity for data use, gaps in data and weak technical capacity for data analysis and use remain constraints

Demand generation

Nigeria findings

Demonstration models: Demand generation

Critical assumptions	Expected changes	Sentinel indicators	Progress (KAD/LAG)
Demonstration models result in large scale social norms change	Increased exposure to FP messages in focus states	▸ % of women exposed to FP messages through media and other channels	⊘ / ▼
		▸ % of women who hear a community, religious or gov't leader speak favorably about FP (no new data)	
	Increased intention to use FP	▸ % of all women who are not using a FP method who intend to use a method in the future	▲ / ▲
		▸ % of youth (15-24) who are not using a FP method who intend to use a method in the future	▲ / ▲
	Social norms change in focus states	▸ Women's self-efficacy scores (by age) (no new data)	

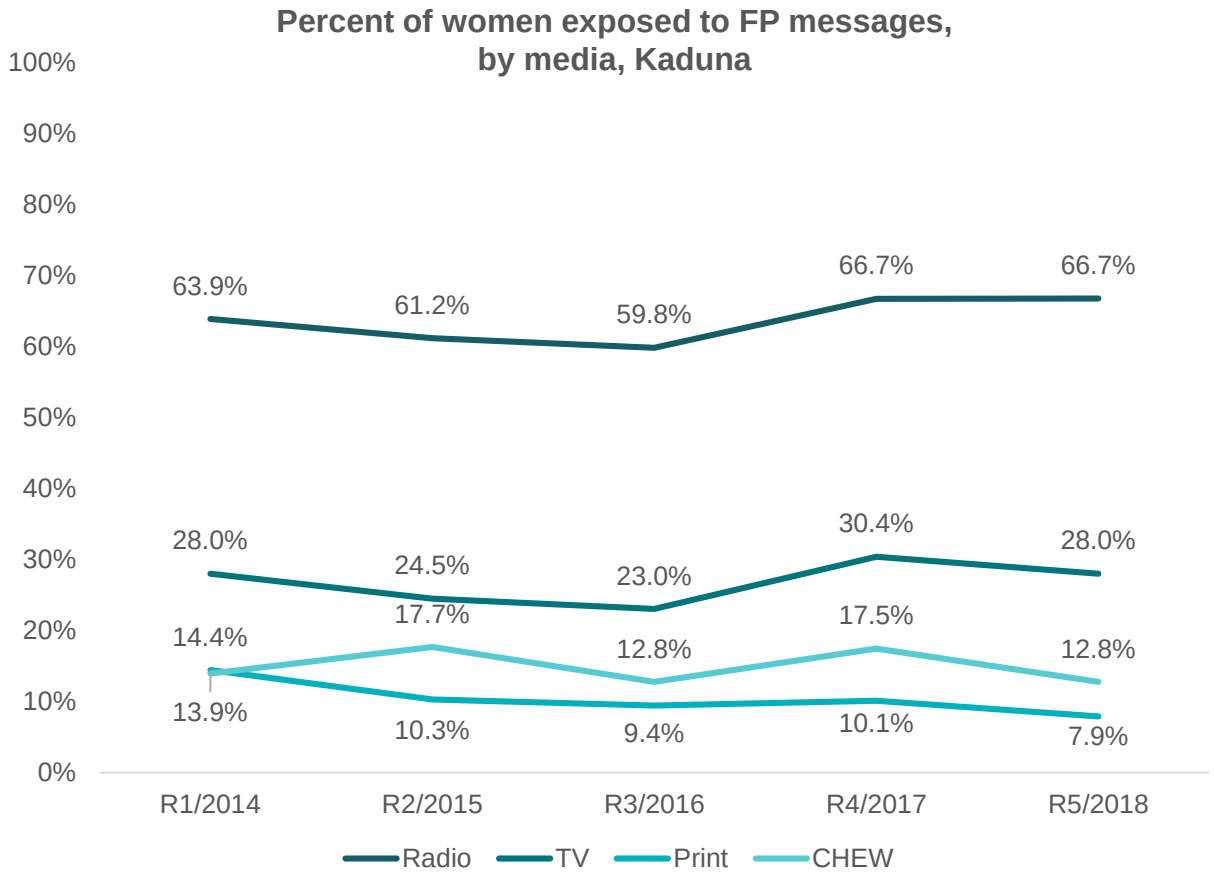
⊘ No change ▲ Increasing ▼ Decreasing

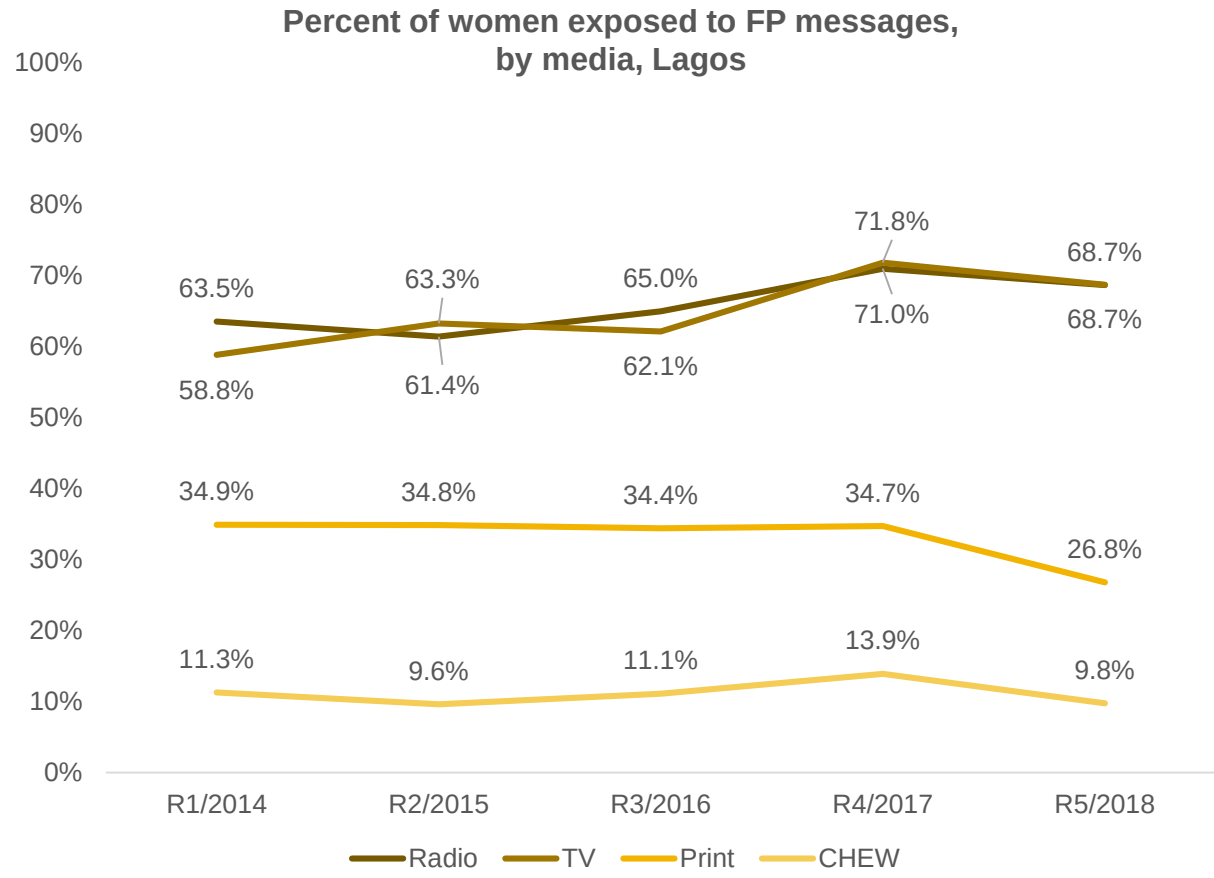
Exposure to FP messages by media source

Women's exposure to FP messages has stayed about the same for most media/ outreach types in Kaduna and declined slightly in Lagos.

ToC critical assumption

Demonstration models result in large scale social norms change





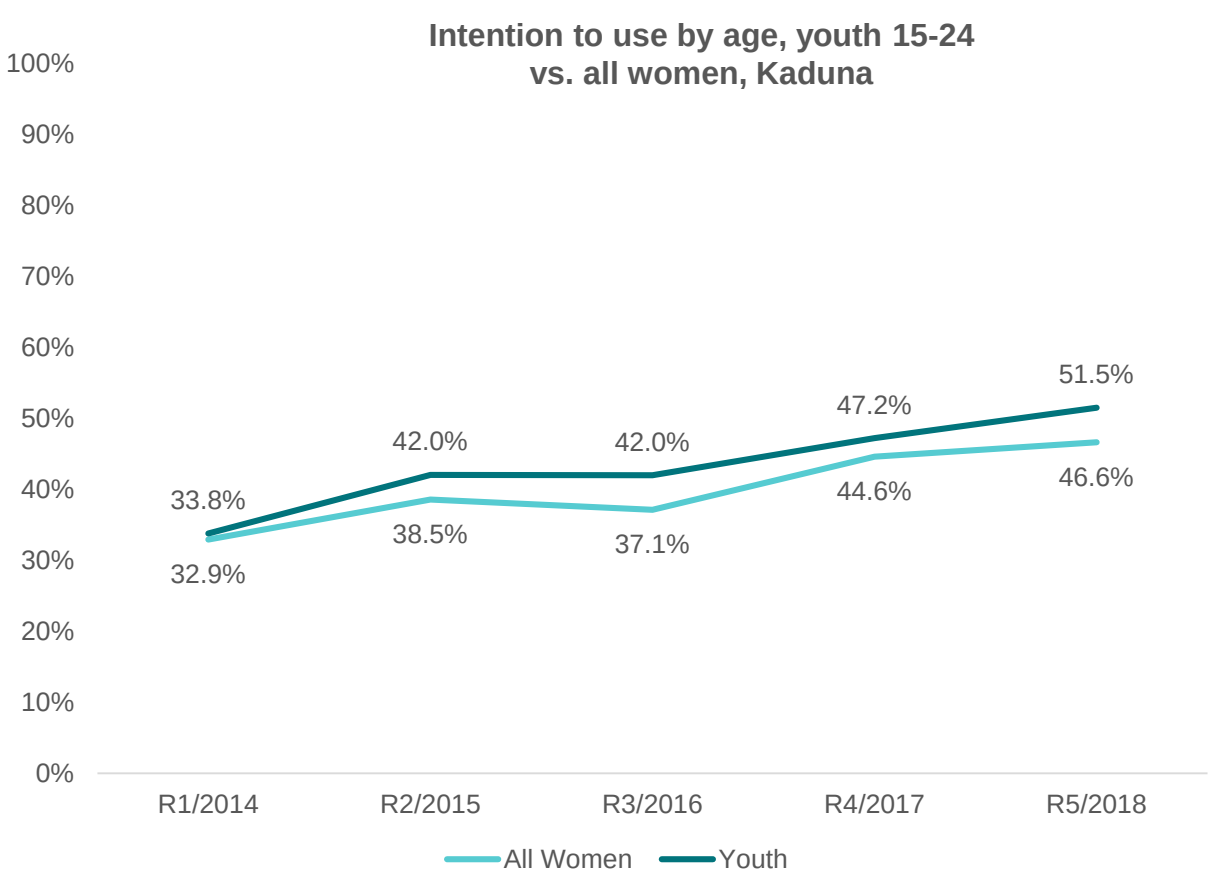
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

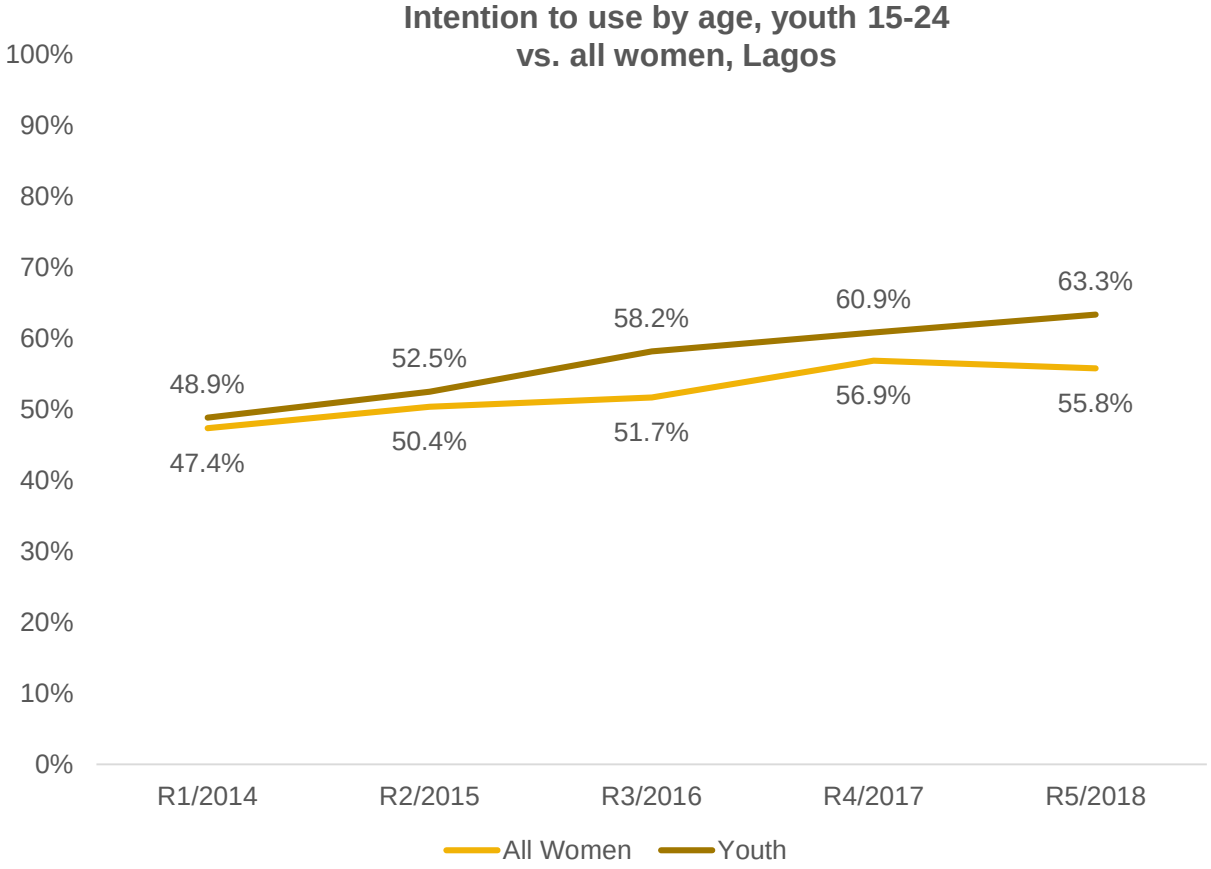
Intention to use FP among all women and youth

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

ToC critical assumption

Demonstration models result in large scale social norms change

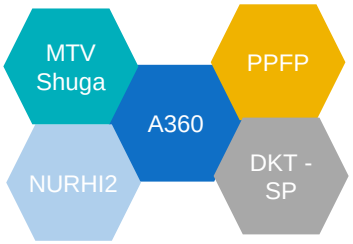




Source: PMA2020 data (R1-R5 Kaduna & Lagos)

SSM grantee-level findings: Demand generation

Grantee



New activities

2016

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

2017

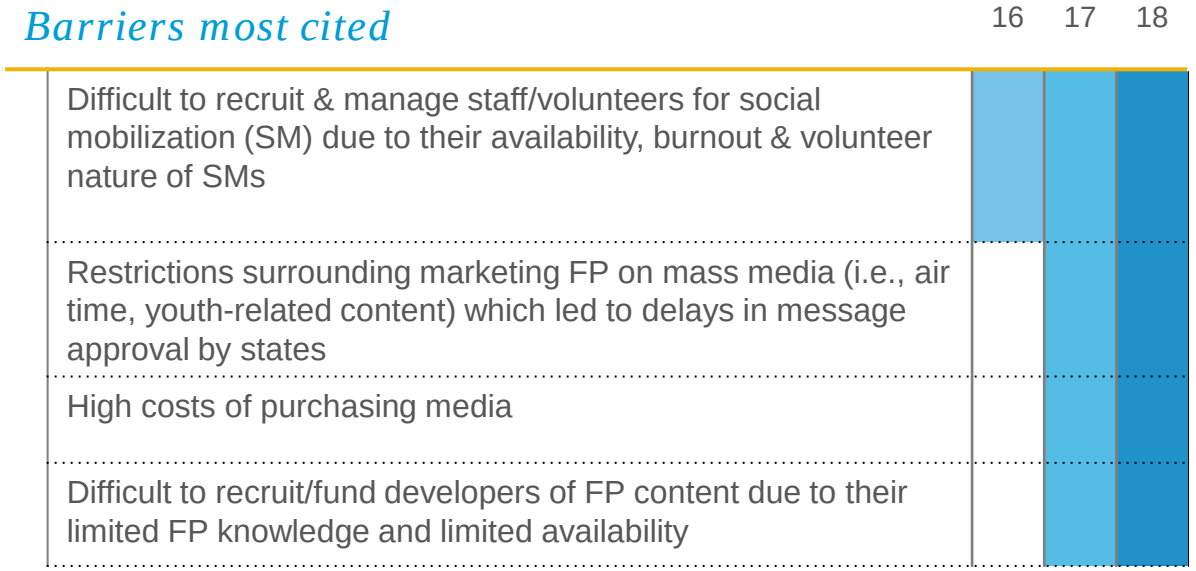
- Conduct marketing and media coverage & communication of FP products in multiple states

2018

- Develop youth friendly materials and train peer educator trainers
- Produce and broadcast TV and radio dramas

Facilitators most cited

Barriers most cited



Source: SSM, grantee interviews, document review

Demand generation: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
Strong engagement and support from gov't and communities (i.e., religious leaders)	■	■
Effective approaches for targeting youth	■	■
Support from and collaboration with external demand generation experts		■
Pre-existing training materials, and advocacy and communication toolkits		■

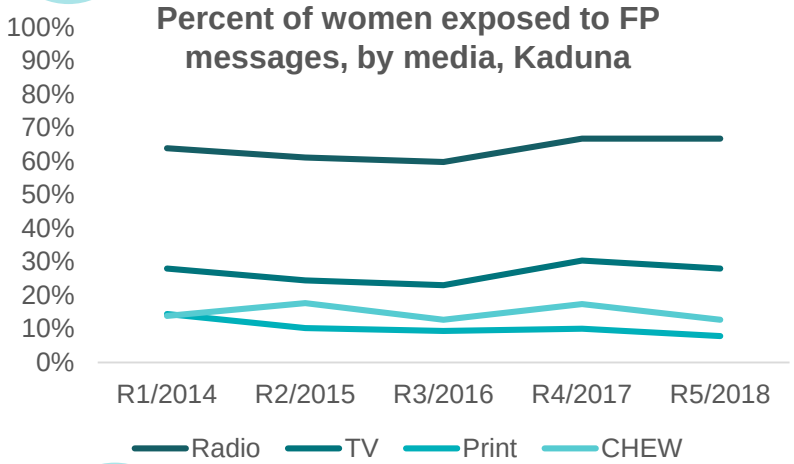
Barriers most cited		
Existing regulations/ restrictions as barriers to program implementation (i.e., marketing FP for youth, FP content creation)	■	■
Sociocultural barriers to contraceptive use and the slow process of social norm change	■	■
Delays in activities due to upcoming election	■	
Difficult to recruit and manage social mobilizers/volunteers due to their availability, burnout, and volunteer nature of SM		■
Difficult to recruit and fund qualified FP content developers		■
Limited public support and low demand for FP		■

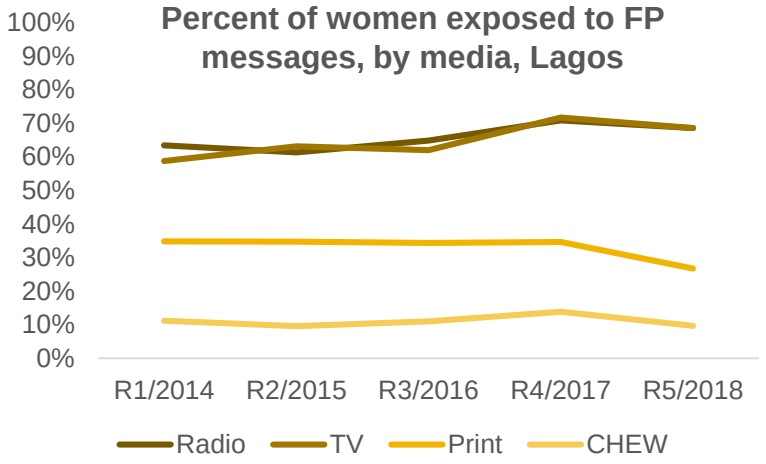
Source: PO interviews, SSM, grantee updates, document review

Summary dashboard: Demand generation

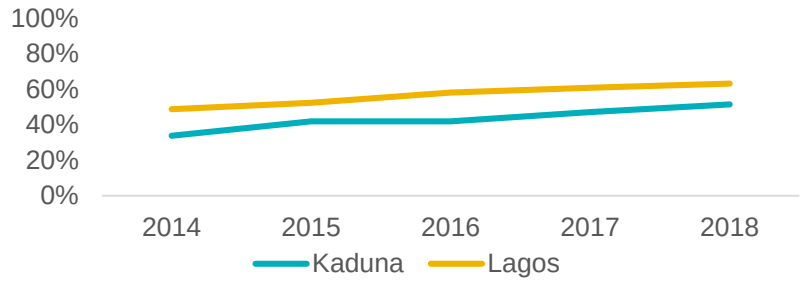
Intention to use FP continues to rise in Kaduna and Lagos, particularly among youth. In Lagos, media exposure has decreased slightly over the past year.

Media exposure has stabilized in both Kaduna and Lagos

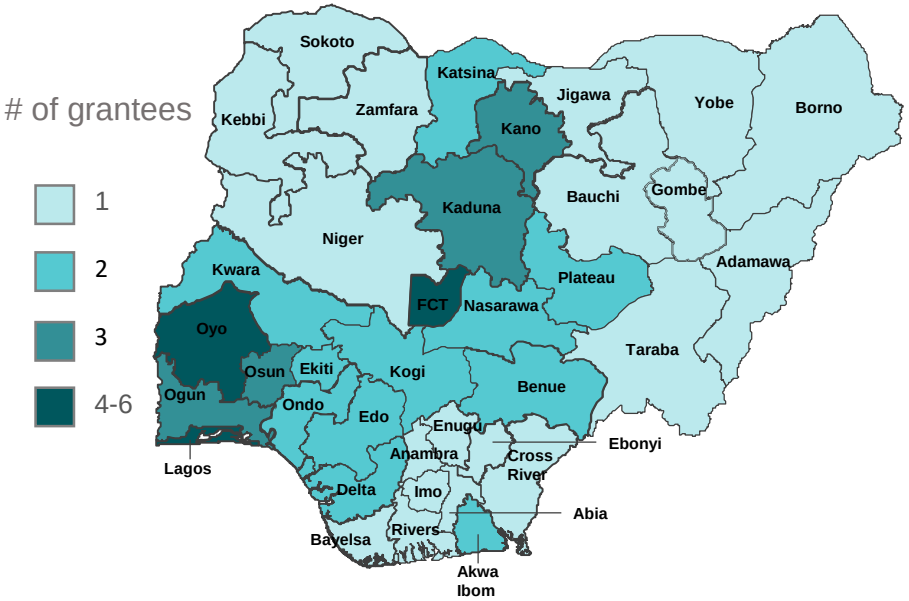




Intention to use FP among youth



of grantees working on demand generation in each state



Key barriers

Restrictions around marketing on FP on mass media

Implementation difficulties ranging from SM retention to recruitment of FP media developers for programs

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

Service delivery

Nigeria findings

Demonstration models: Service delivery

Critical Assumptions	Expected changes	Sentinel indicators	Progress (KAD/LAG)
PHC service-delivery models increase quality and access to services	Access to services is increased in focus states	▸ % of facilities offering at least five modern contraceptive methods ▸ % of public facilities with CHEWs that provides FP ▸ % of women visited by community health workers for FP ▸ % of PPMVs offering modern FP methods ▸ % of women who obtained their most recent method from pharmacy/drug shop ▸ % of public facility with stock-outs in the last 3 months, by method	▲ / ⊘ ⊘ / ⊘ ⊘ / ⊘ ⊘ / ⊘ ⊘ / ⊘ ▼ / ▼
	Quality of services increased in focus states	▸ % of women counseled on side effects	▲ / ⊘
Introduction of new methods generates new demand for services, especially among youth	Increased demand for DMPA-SC, especially among youth	▸ % of women using DMPA-SC (among all women and youth ages 15-24)	▼ / ▼

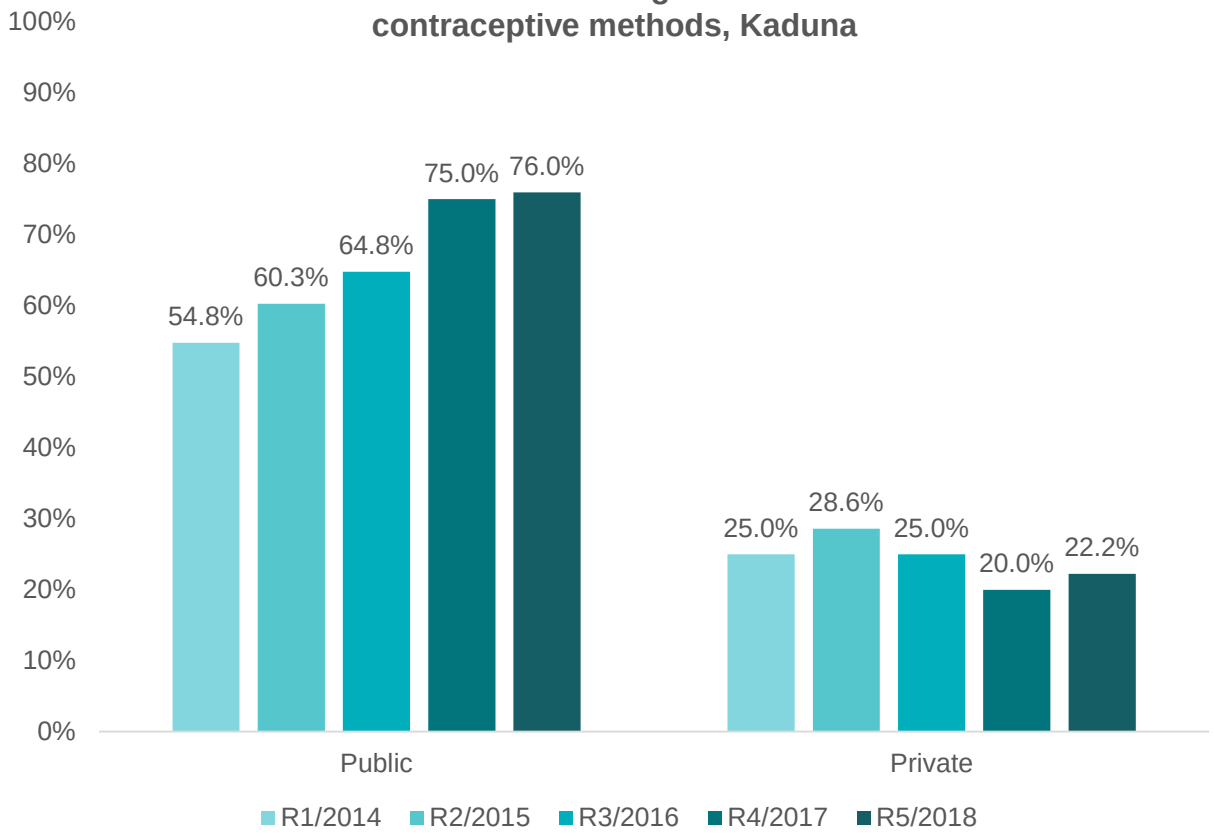
⊘ No change ▲ Increasing ▼ Decreasing

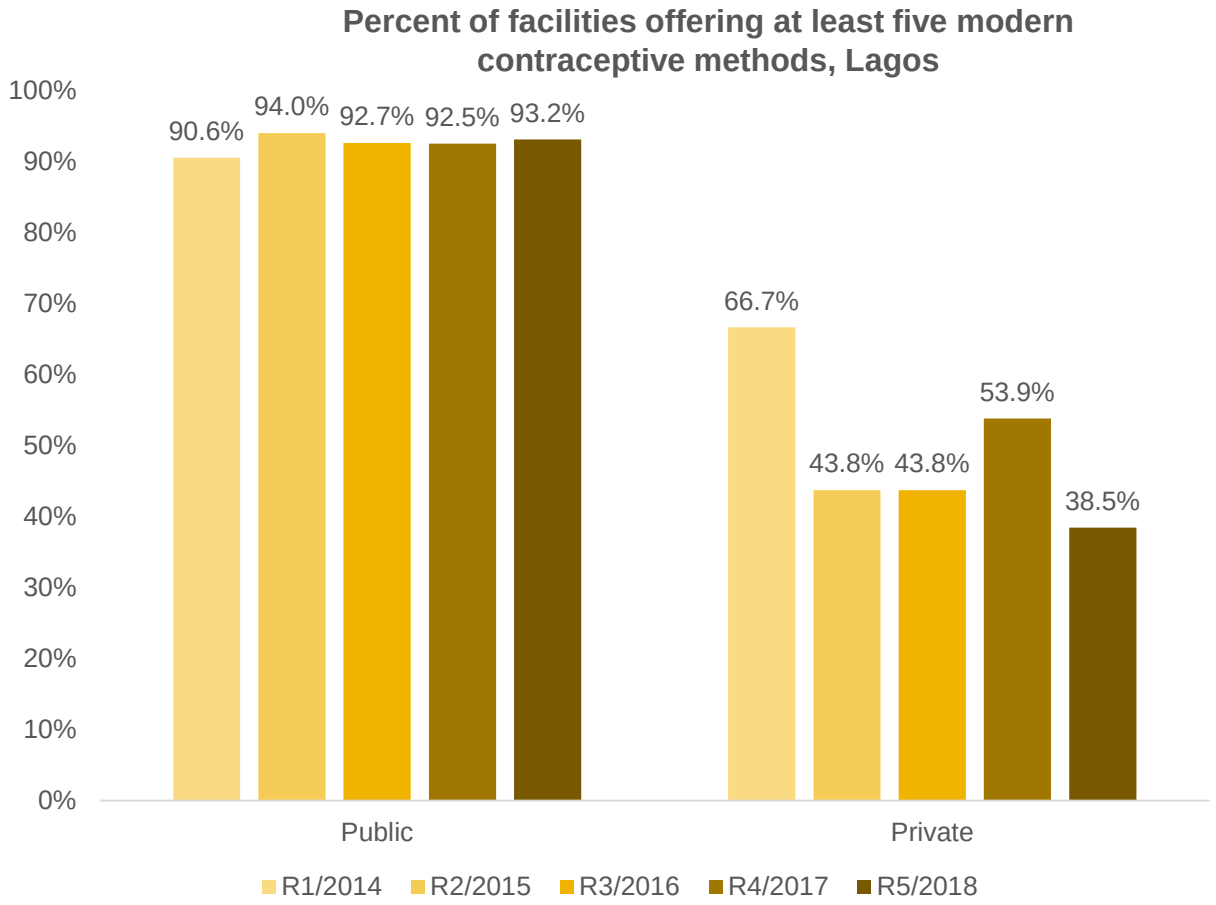
Access to services at public & private facilities

We see an increase in public facilities offering FP in Kaduna, while access in Lagos has remained stable. Kaduna still has fairly low levels of access compared to Lagos.

ToC critical assumption

PHC service-delivery models increase quality and access to services





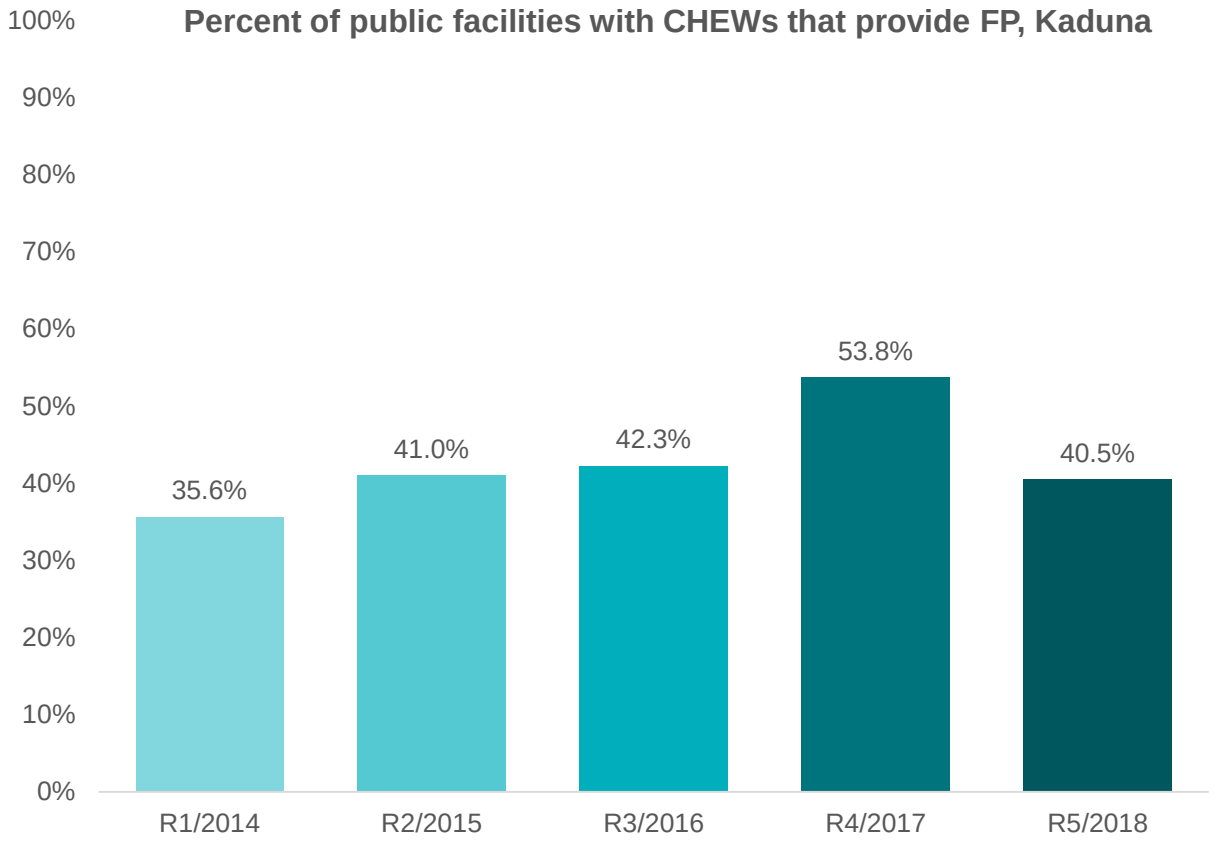
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

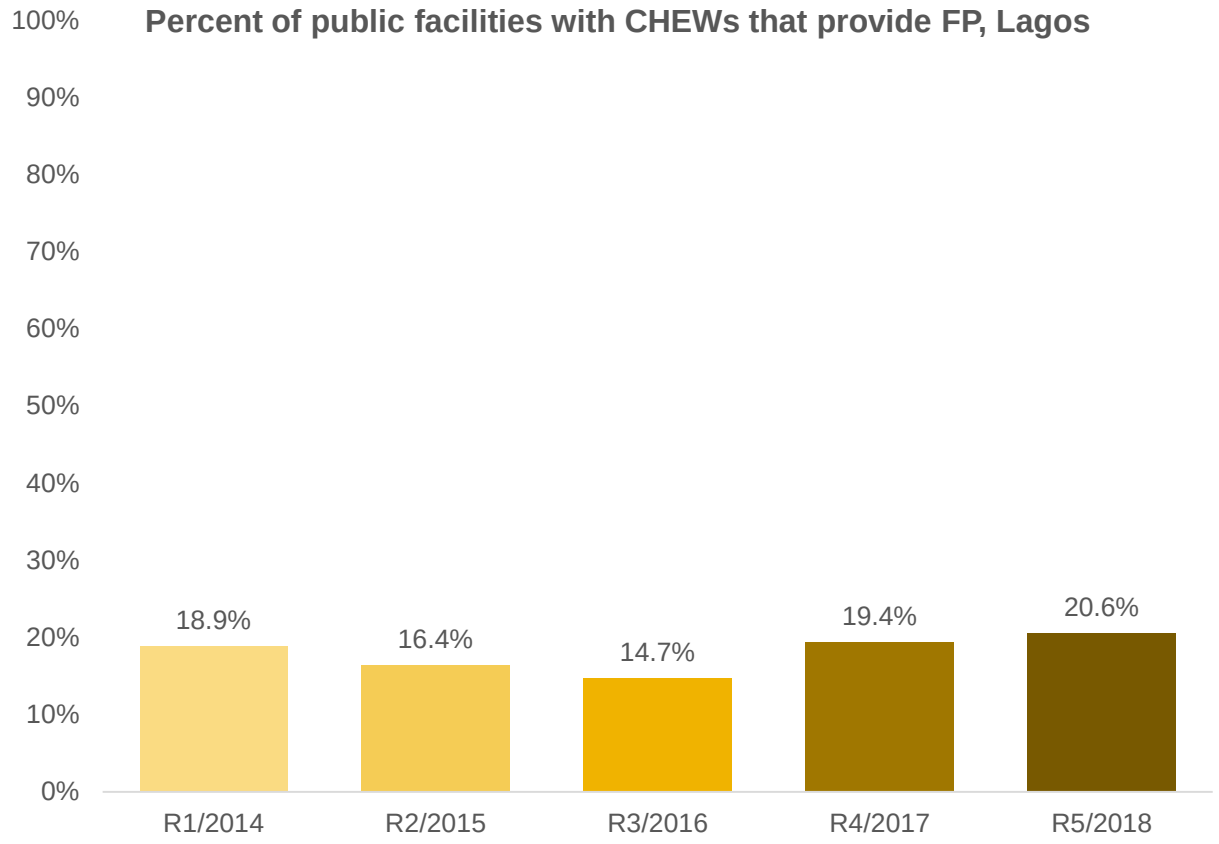
Access to services through CHEWs

In both states we see fluctuation in the percent of facilities with CHEWs that provide FP around an overall flat trend.

ToC critical assumption

PHC service-delivery models increase quality and access to services





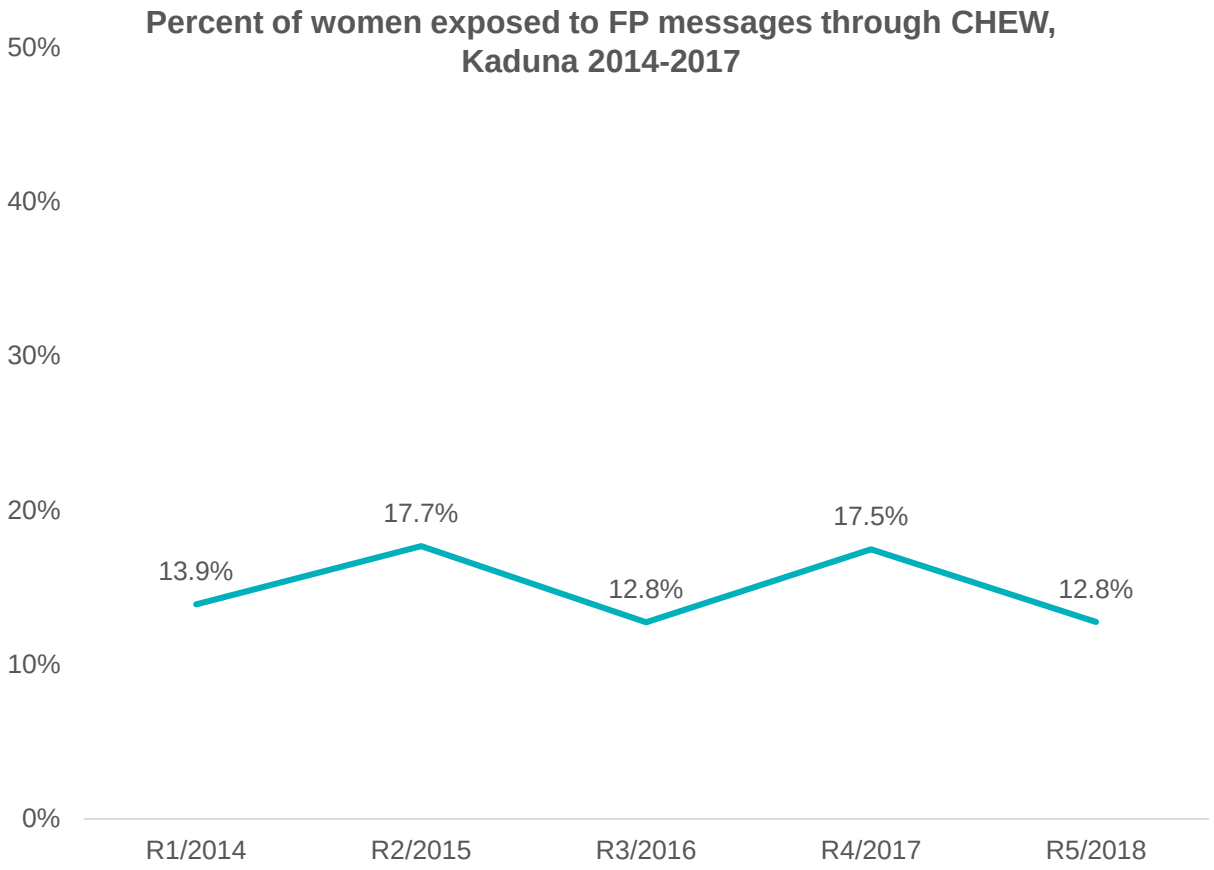
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

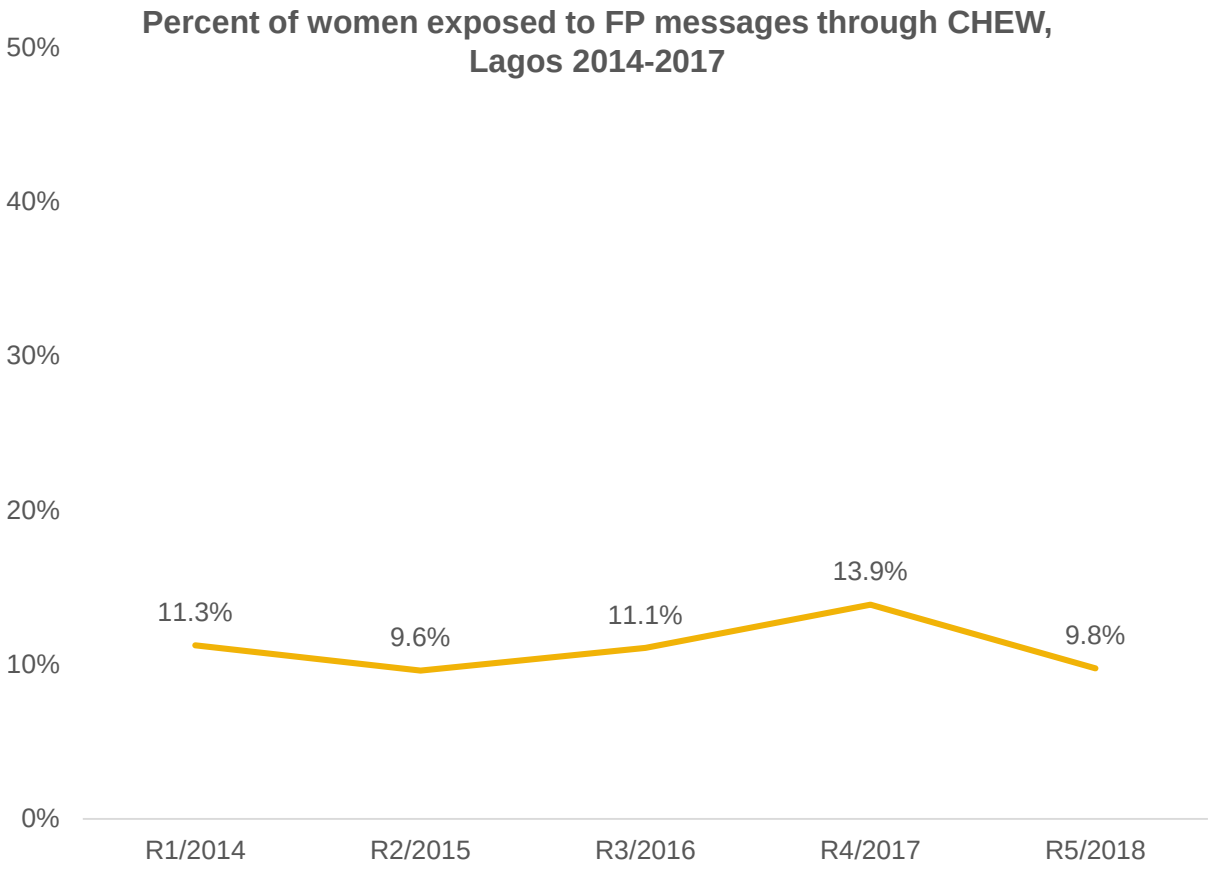
Exposure to FP through CHEWs remains low

Exposure to FP messages through CHEWs fluctuates around a flat trend in Kaduna, while in Lagos exposure declined slightly after increasing for three years.

ToC critical assumption

PHC service-delivery models increase quality and access to services





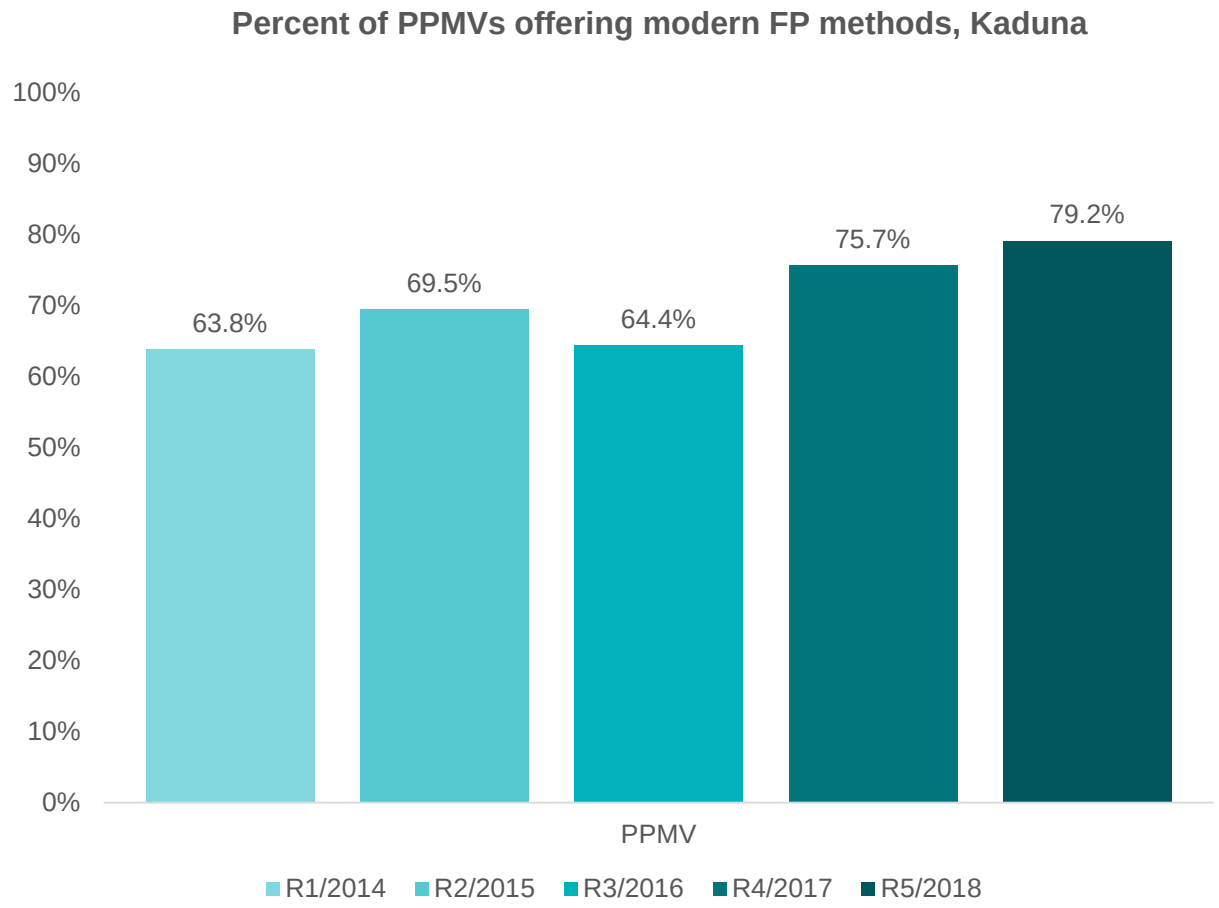
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

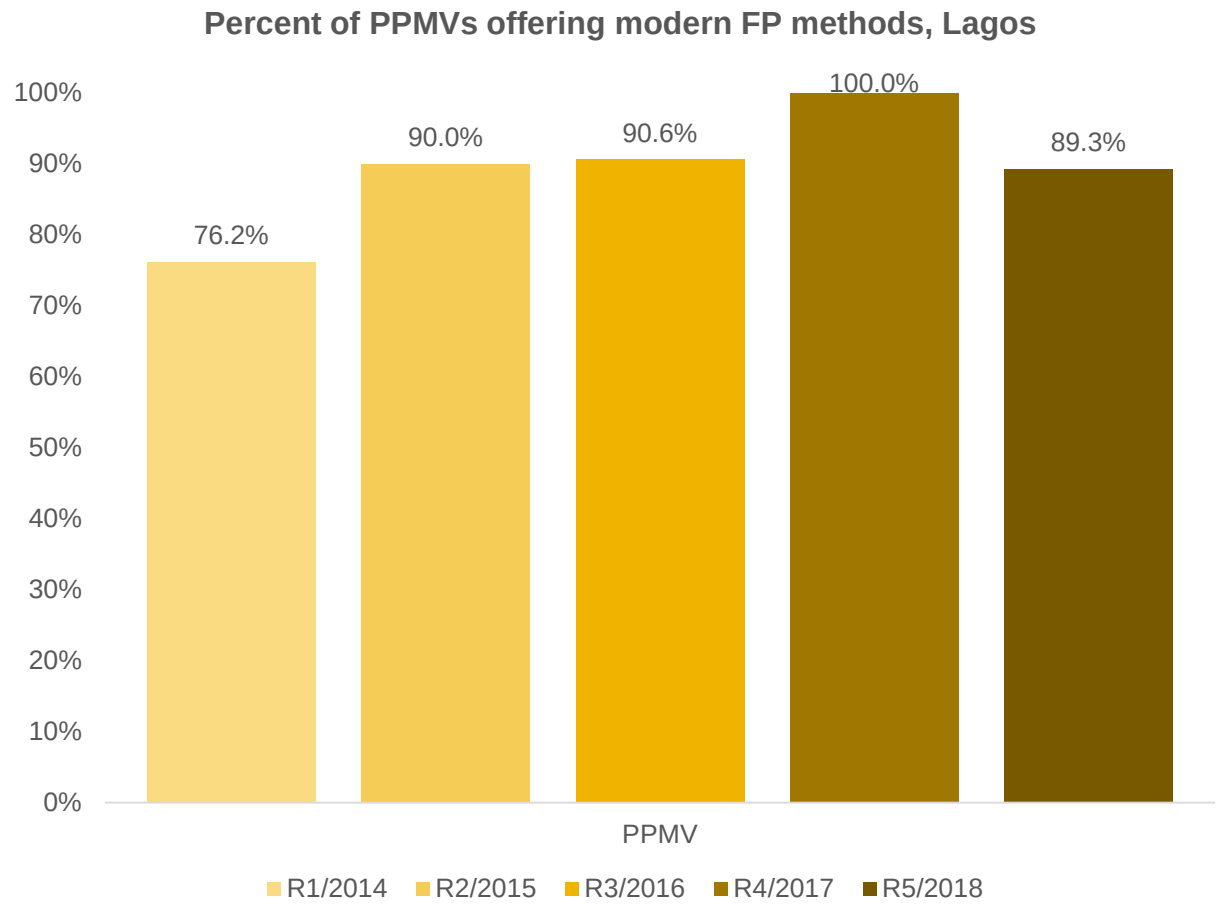
Access to services through PPMVs

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

ToC critical assumption

PHC service-delivery models increase quality and access to services





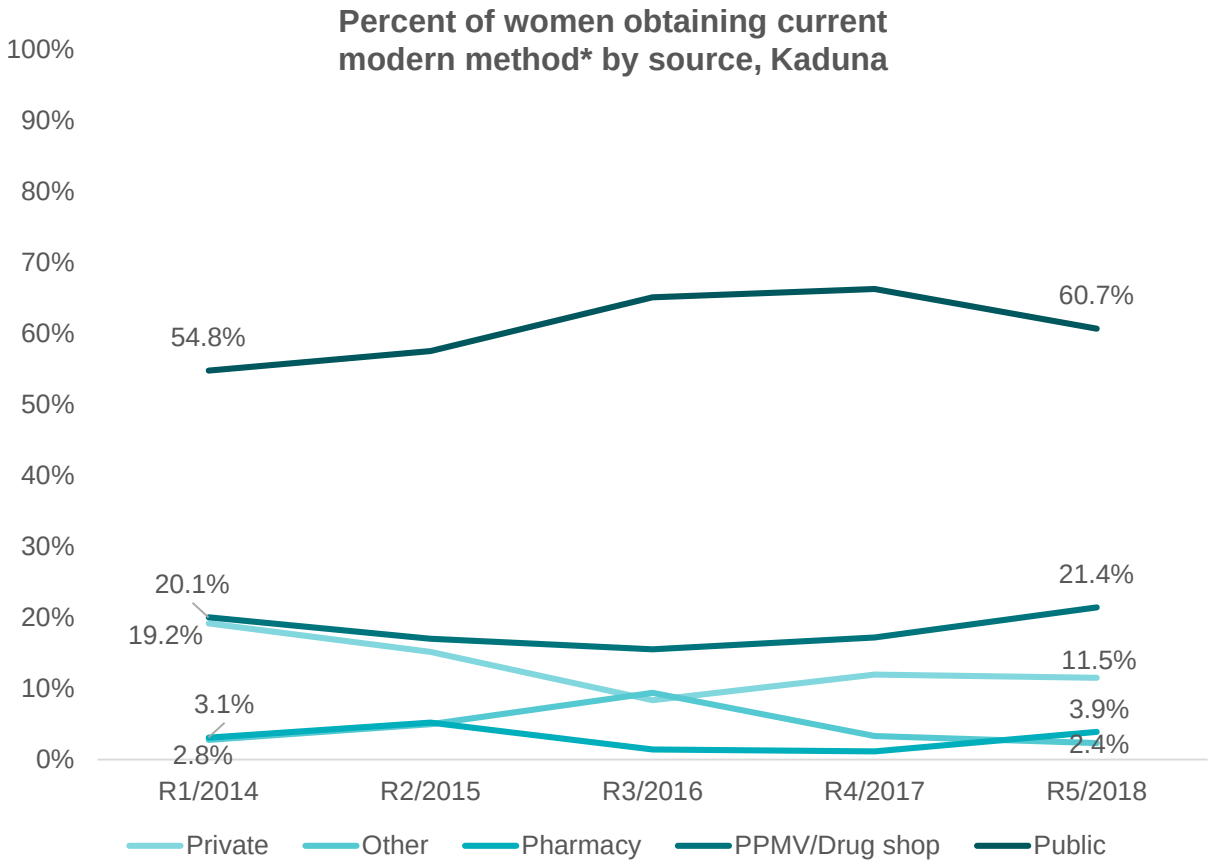
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

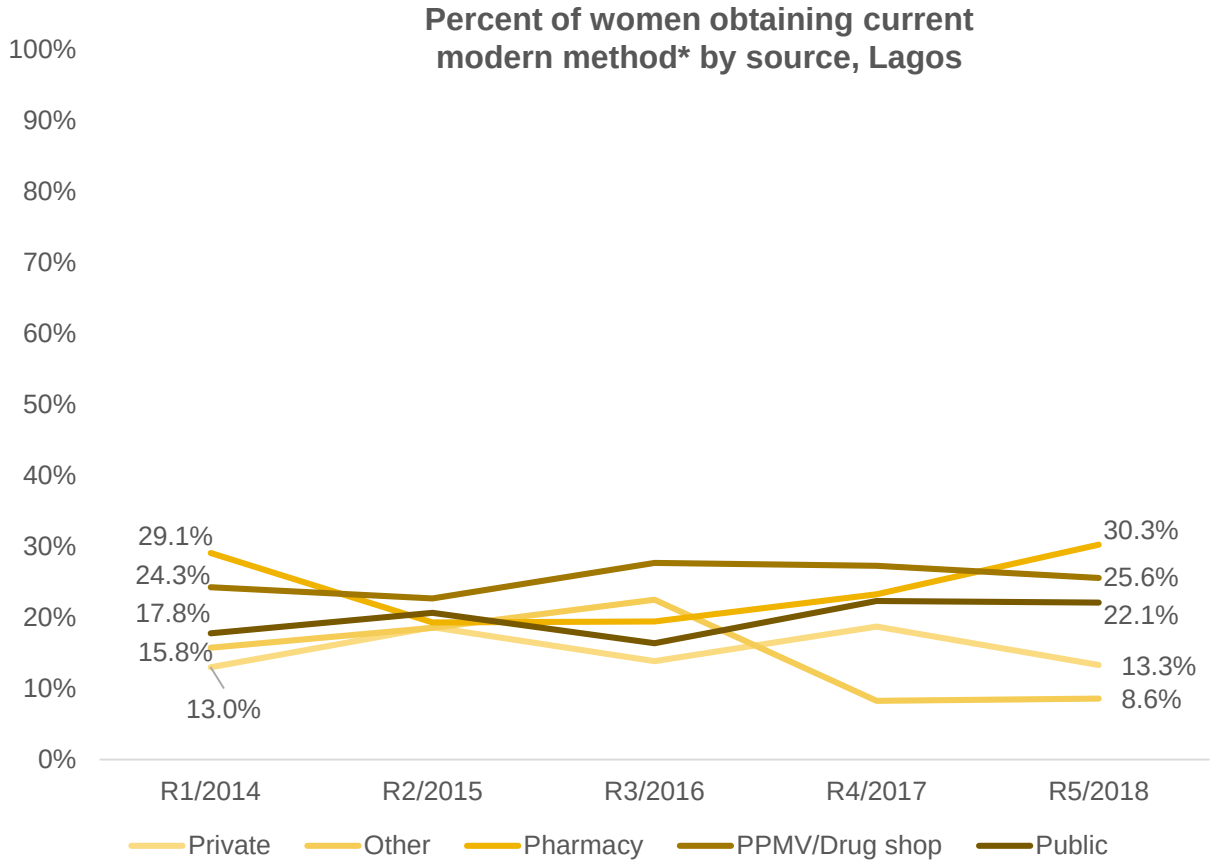
Where women get their methods…

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

ToC critical assumption

PHC service-delivery models increase quality and access to services





Source: PMA2020 data (R1-R5 Kaduna & Lagos)

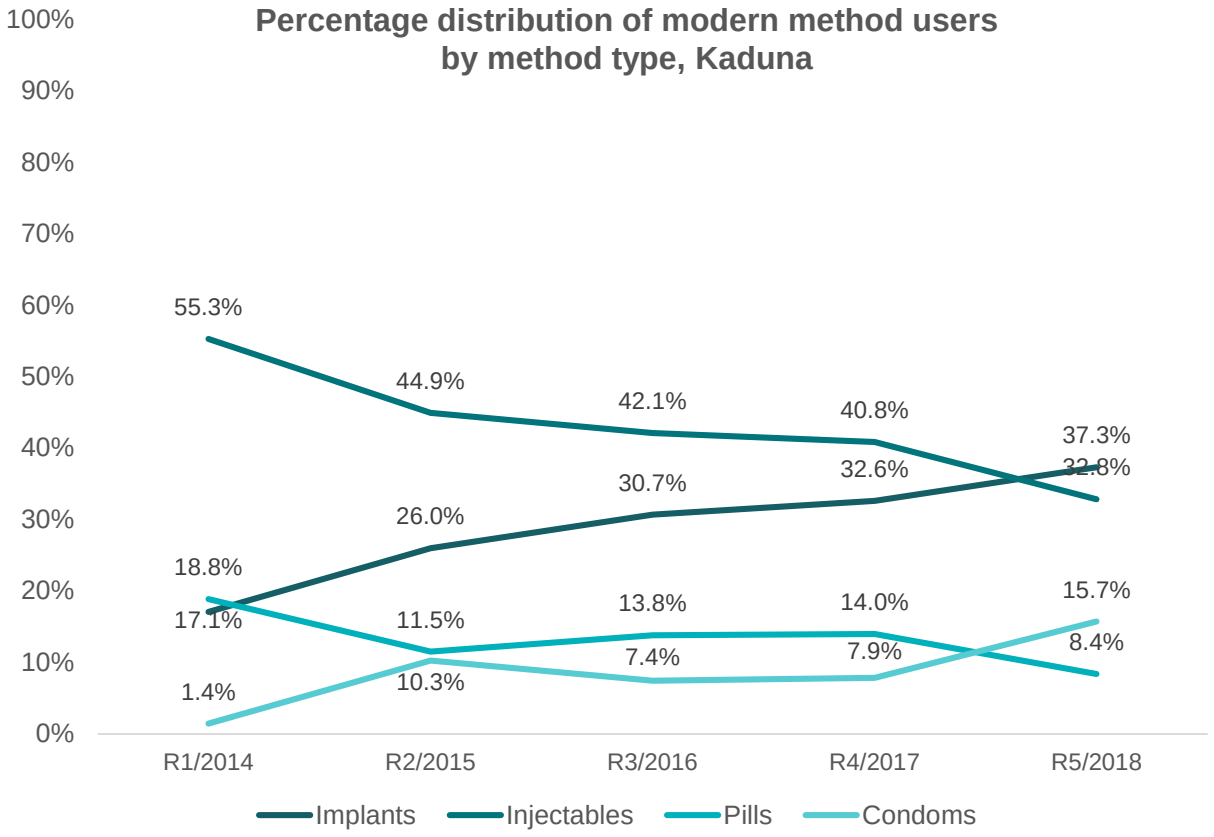
*Excluding LAM

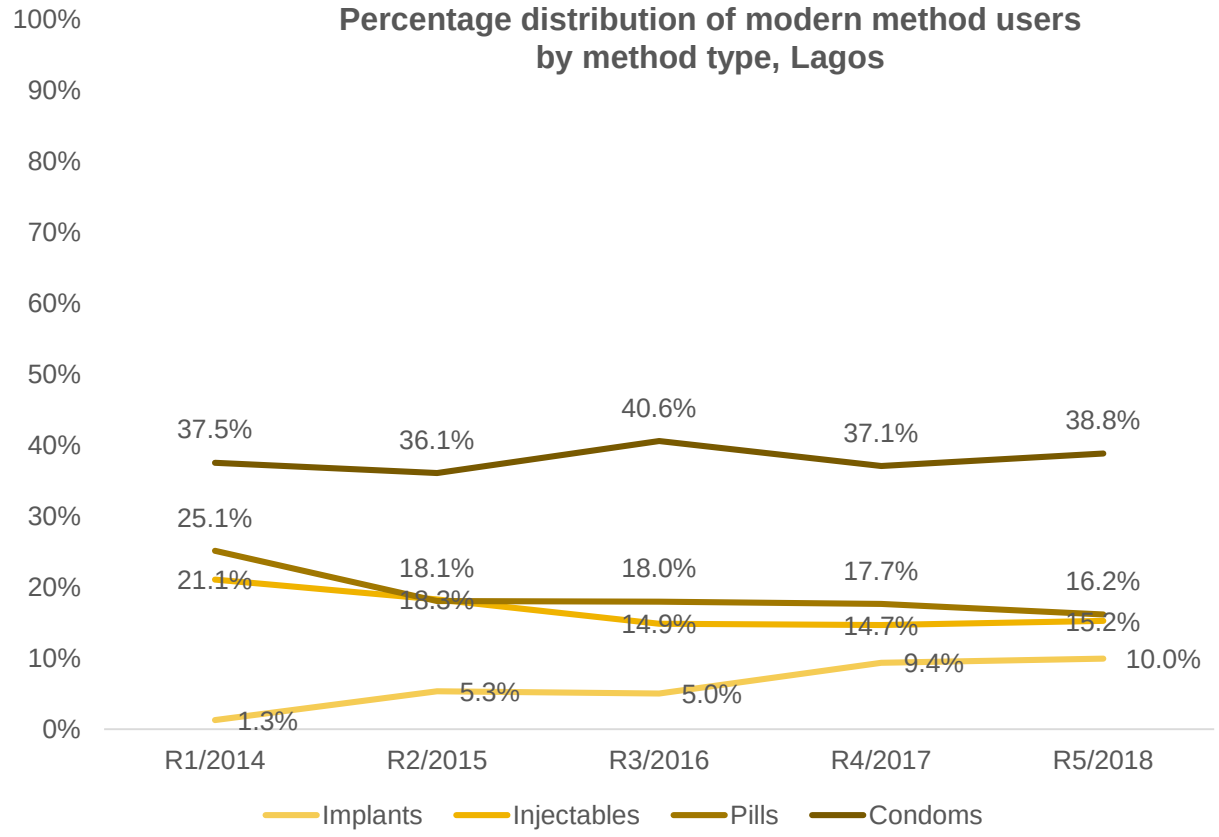
Method mix among modern method users

Implant use is steadily increasing in both states while use of injectables and pills is declining, particularly in Kaduna where implants are now the most popular method.

ToC critical assumption

PHC service-delivery models increase quality and access to services





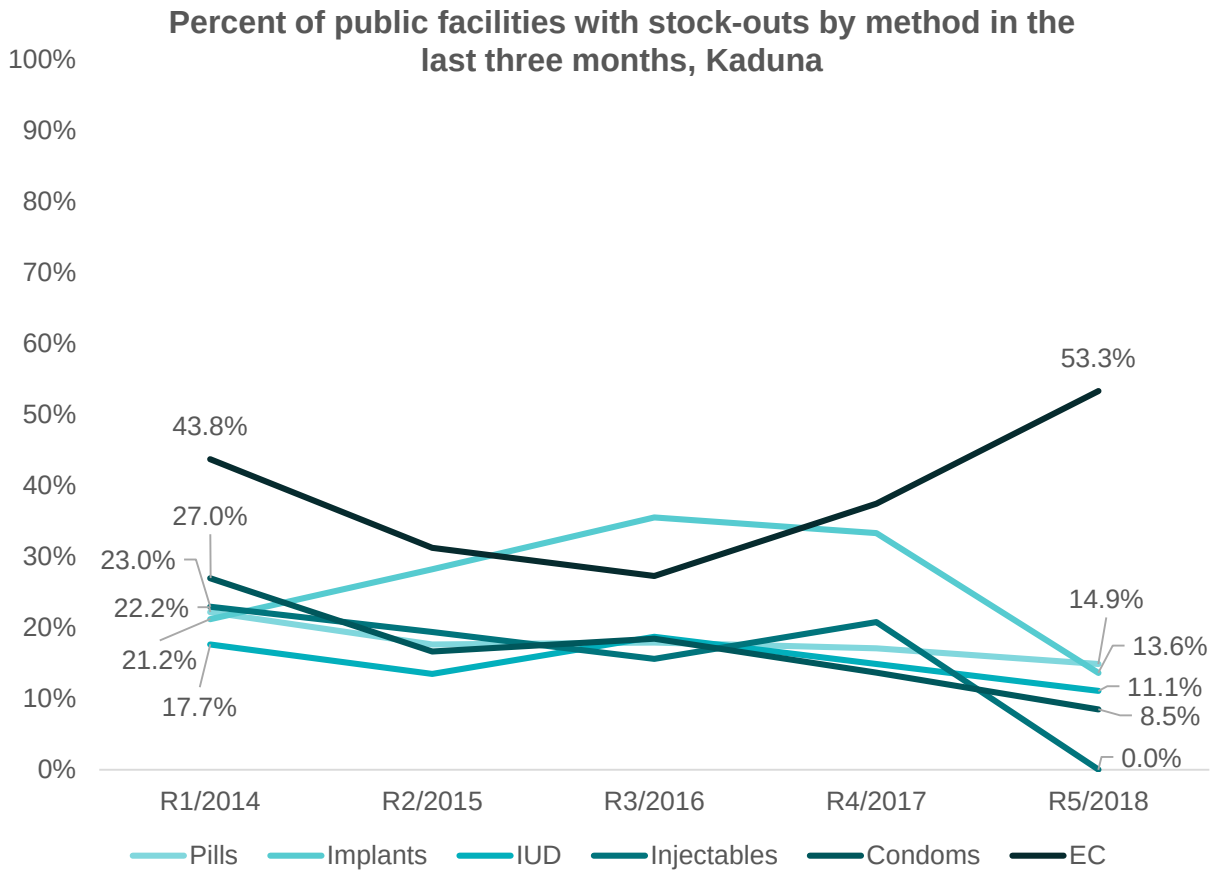
Source: PMA2020 data (R1-R5 Kaduna & Lagos)

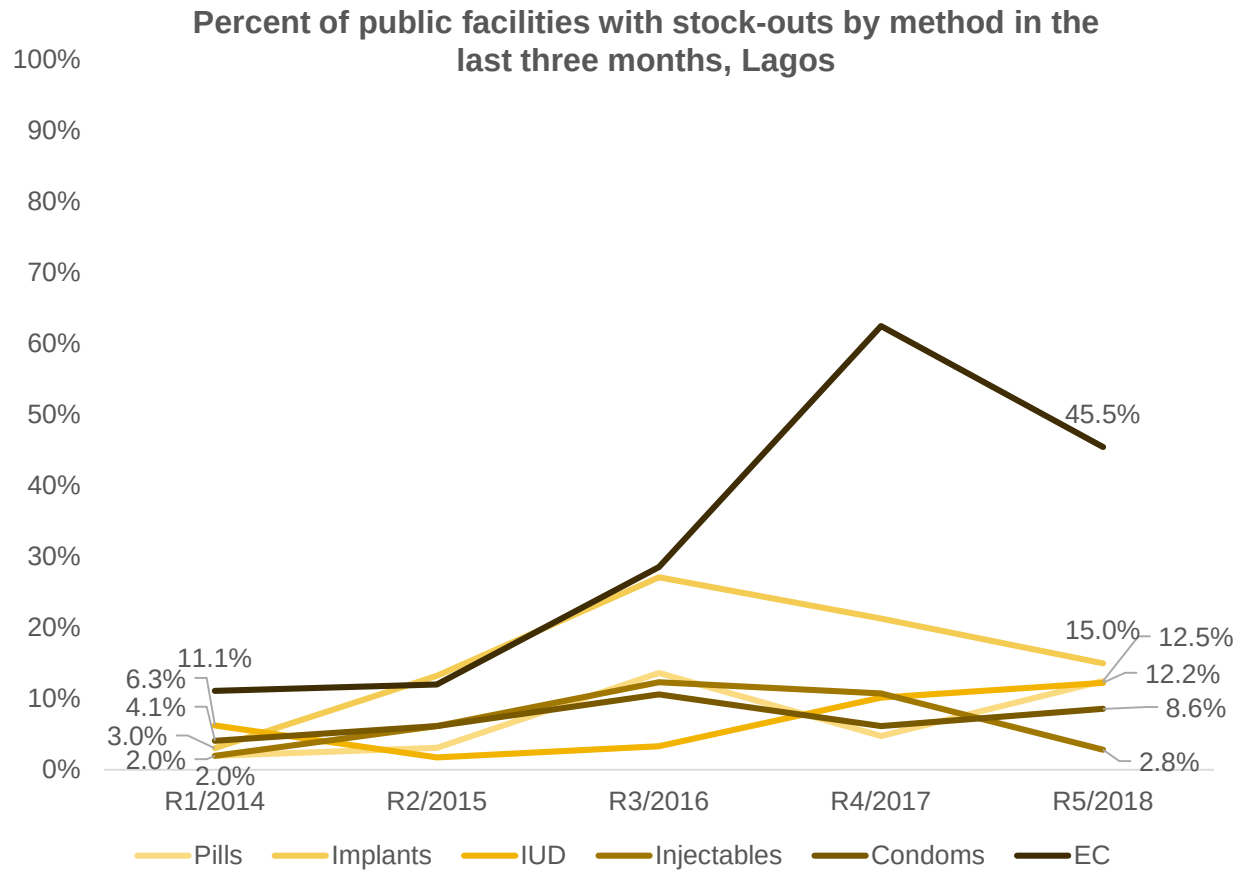
Access to services: Method stock-outs

In both states we see fluctuating stock-outs of most methods with a decline in stock-outs in the most recent surveys in general, especially for implants and injectables.

ToC critical assumption

PHC service-delivery models increase quality and access to services





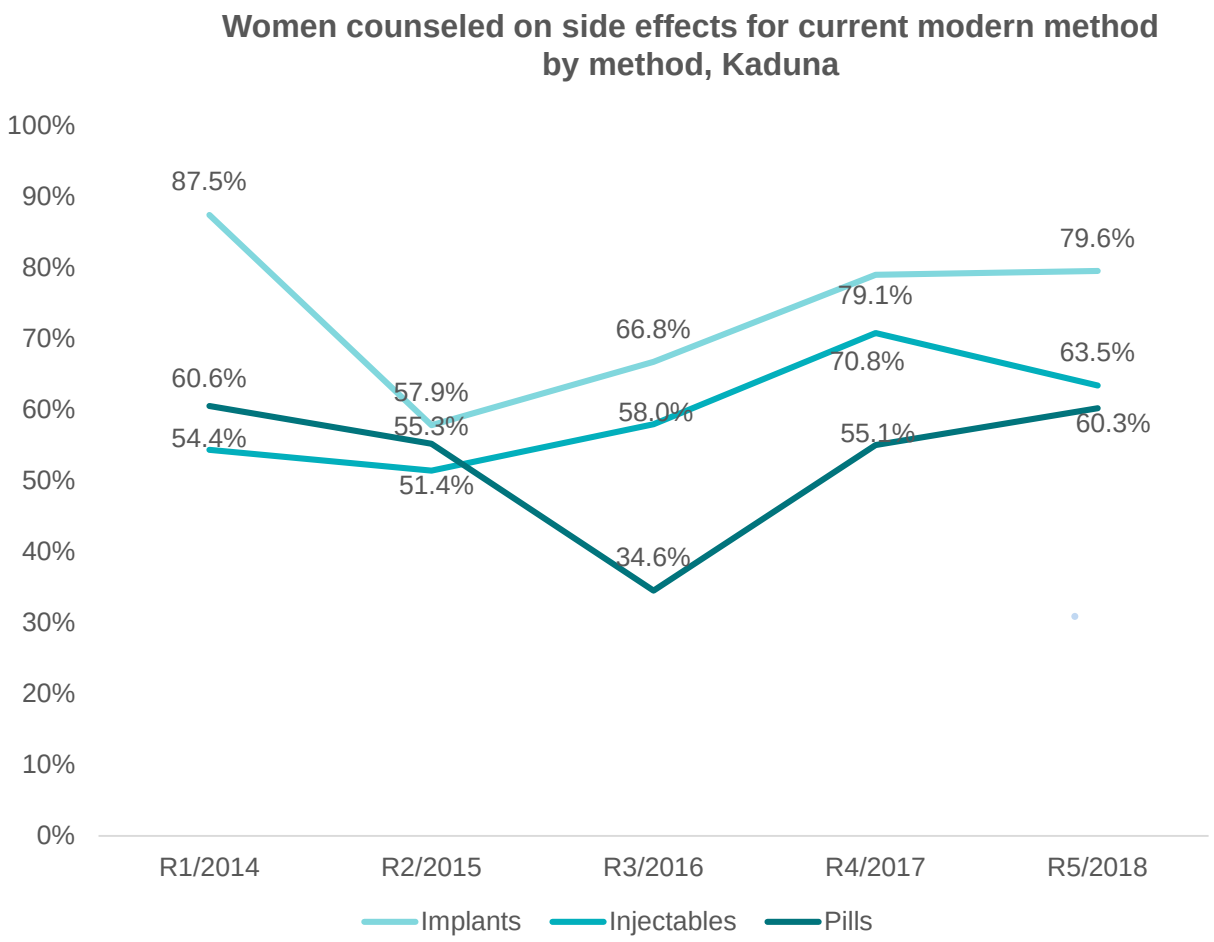
Source: PMA2020 data (R1-R5 Kaduna & Lagos); *No data for EC R4/2017, Kaduna

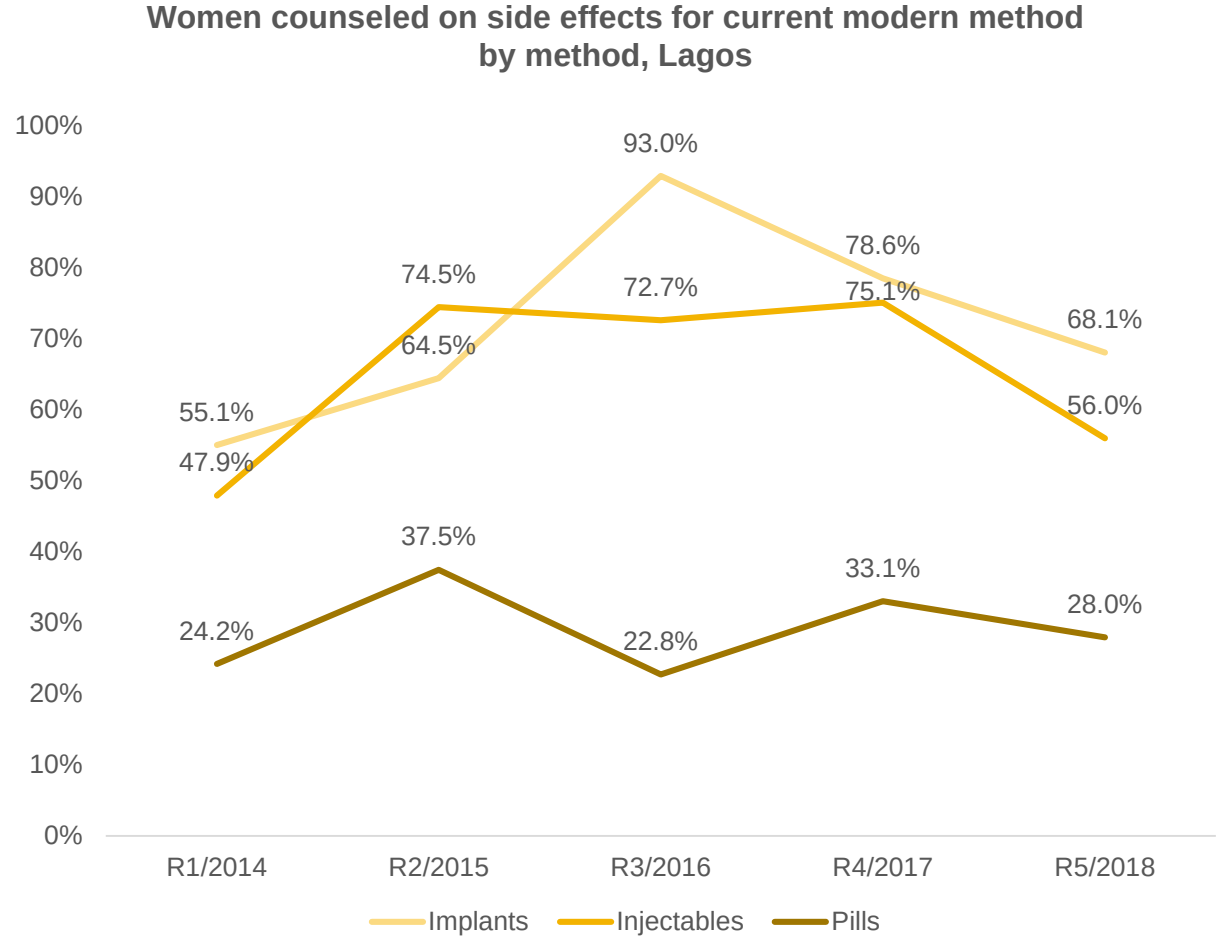
Service delivery quality: Side-effect counseling

In Kaduna counseling on side effects is generally increasing while in Lagos counseling fluctuates but is generally flat or declining recently.

ToC critical assumption

PHC service-delivery models increase quality and access to services





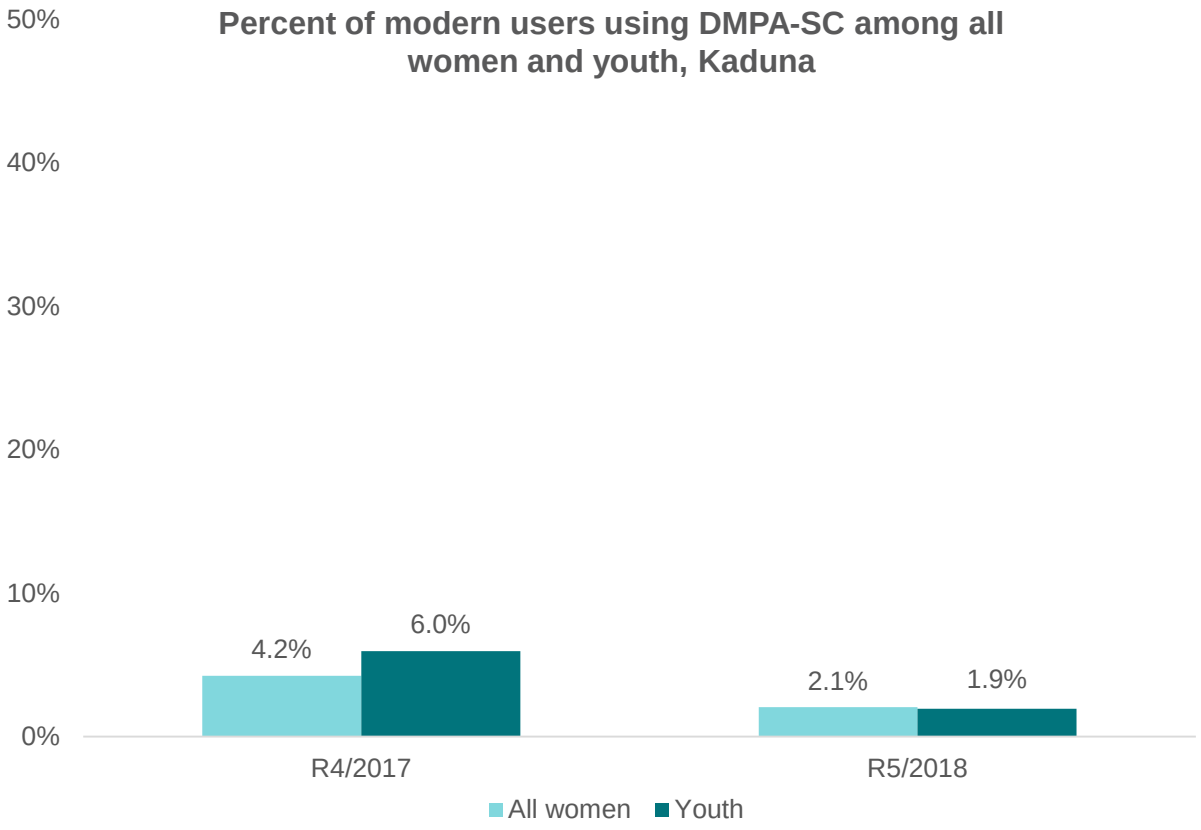
Source: PMA2020 data (R1-R5 Kaduna & Lagos).

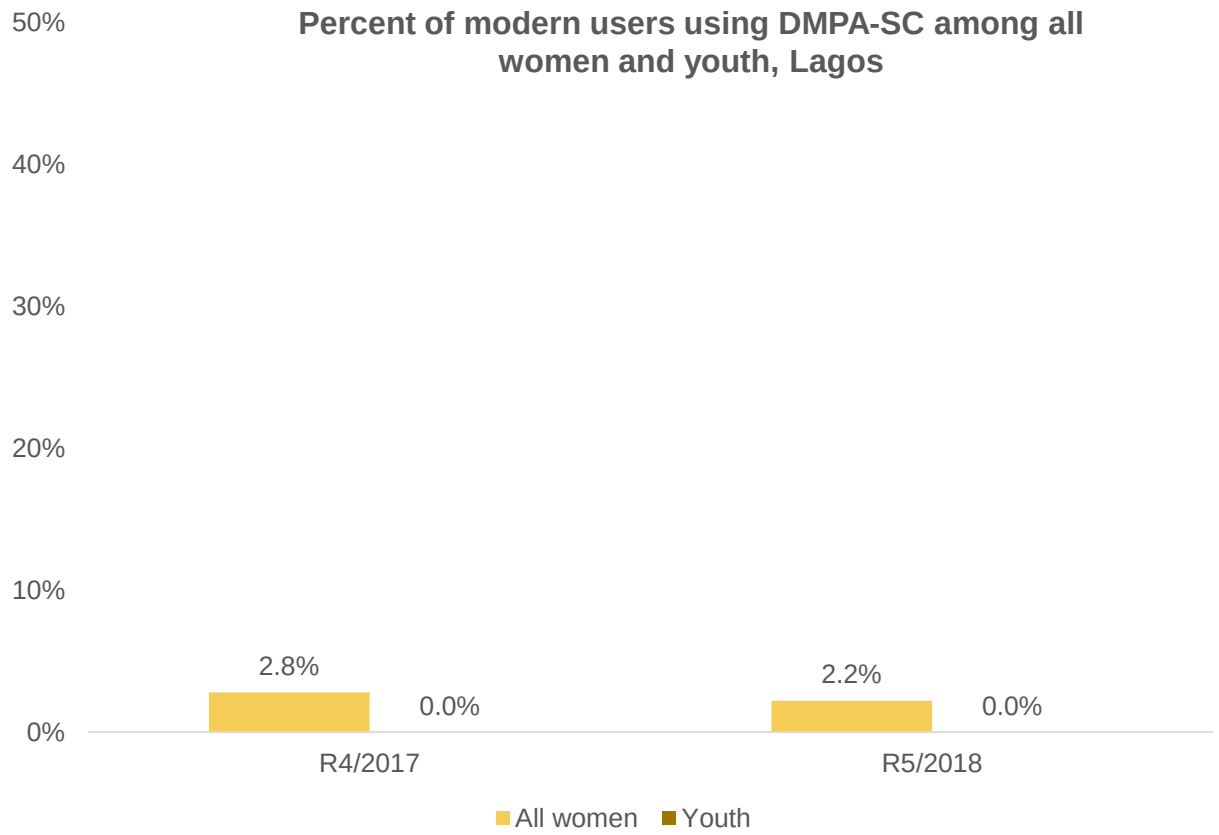
Use of DMPA-SC

Use of DMPA-SC remains low in both states with declining use reported in Kaduna. In Lagos, there are no reported cases of youth using DMPA-SC in the last two years.

ToC critical assumption

Introduction of new methods generates new demand for services, especially among youth

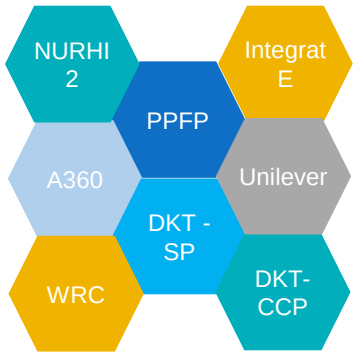




Source: PMA2020 data (R1-R5 Kaduna & Lagos)

SSM grantee-level findings: Service delivery

Grantee



New activities

2016

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

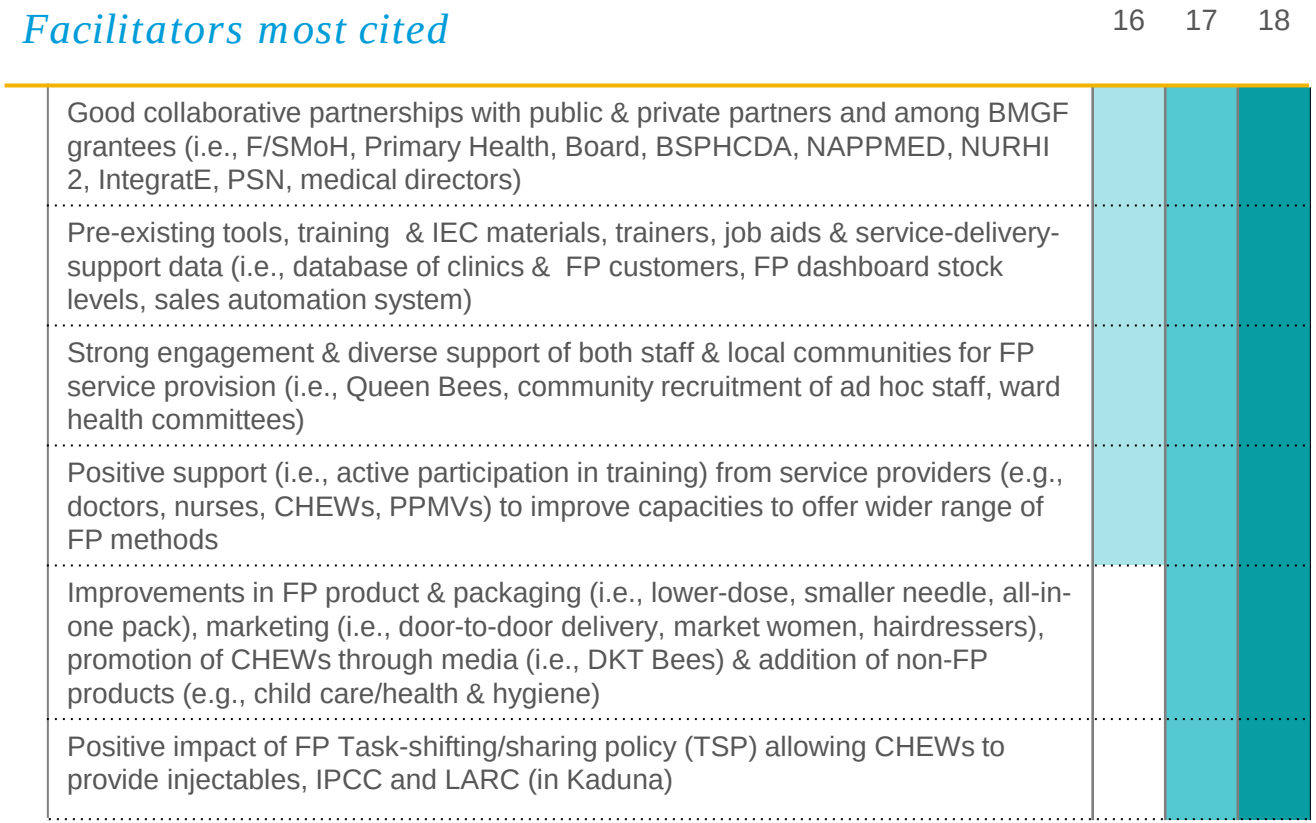
2017

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

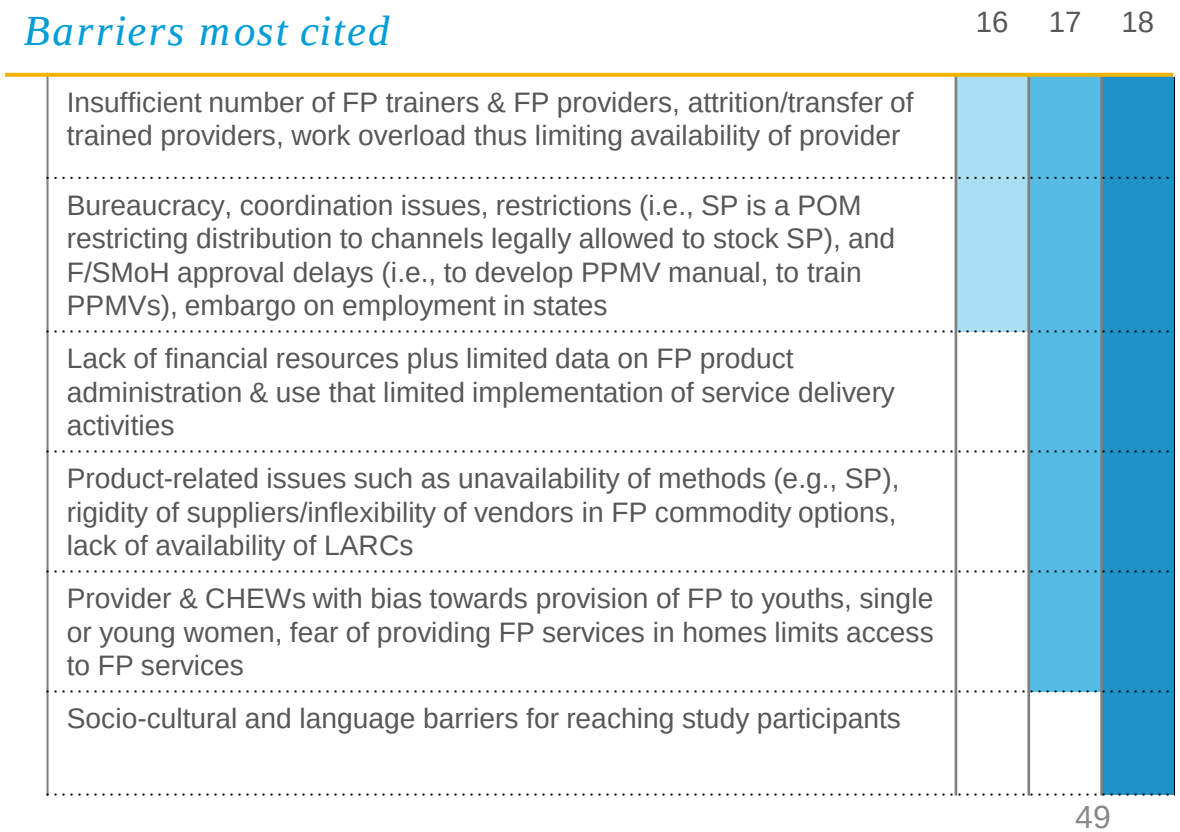
2018

- Implement FP services for youth
- Integration of FP into MNCH/RMNCAHN services
- Introduce new FP projects with focus on PPFP, CPs/PPMVs
- Manage LARC referrals from call centers
- Formative data collection for project design

Facilitators most cited



Barriers most cited



Service delivery: Bottom-up synthesis

Facilitators most cited	POs	Grantees
Positive shift in gov't policies, attitudes, and funding (enabling adolescents to more easily access family planning services, allowing CHEWs to provide wider range of FP)	■	■
Effective outreach and advocacy surrounding service delivery		■
Training approach for providers (i.e., teaching interpersonal communication) has helped with building trust between facilities and communities		■
Improvements in FP product & packaging (i.e., lower-dose, smaller needle, all-in-one pack), marketing (i.e., door-to-door delivery, market women, hairdressers), promotion of CHEWs through media (i.e., DKT Bees) & addition of non-FP products (e.g., child care/health & hygiene)		■

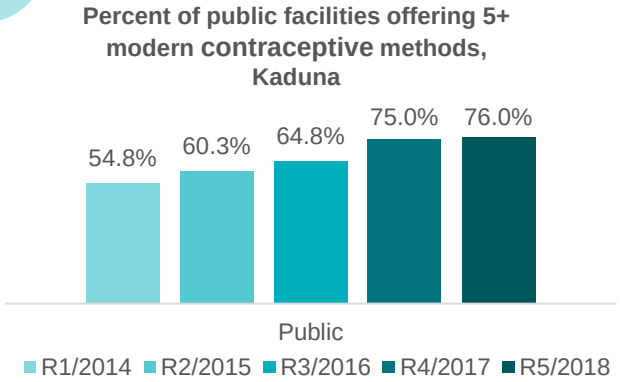
Barriers most cited		
Product availability issues including stock-outs, lack of data regarding FP use, high cost of consumables, inflexibility of vendors in FP commodity options, and gov't not providing enough products to states	■	■
Sociocultural norms around family planning discourage use and changing these norms takes time	■	■
Restrictive age policies discouraged youth from seeking services	■	■
Lack of financial resources for FP services due to politicians not campaigning for FP and different levels of health services are not budgeted for well		■
Lack of qualified service providers and support for service providers		■

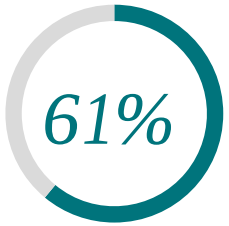
Source: PO interviews, SSM, grantee updates, document review

Summary dashboard: Service delivery

In Kaduna, more public facilities are offering at least 5 modern methods, and in Lagos most public facilities offer at least 5 modern methods. Use of DMPA-SC remains low.

Kaduna: Access is increasing, could be improved further



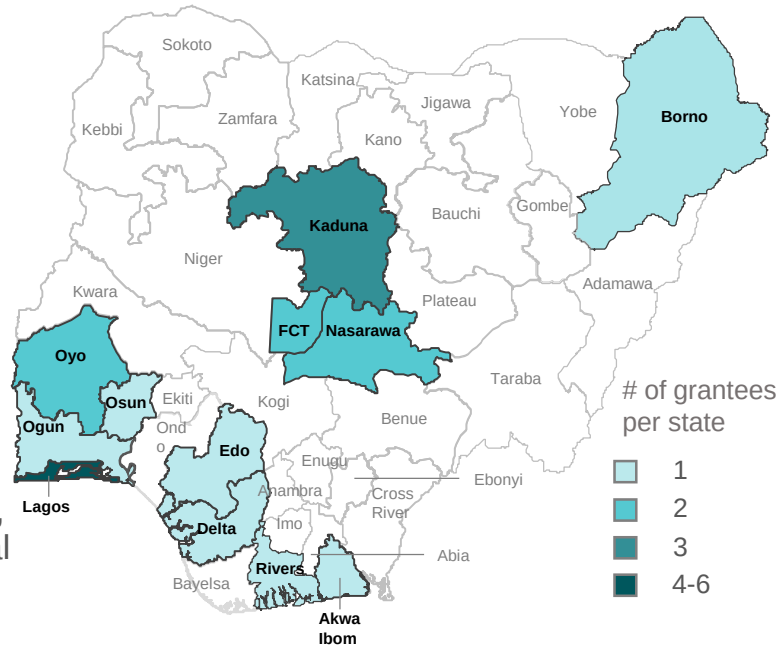


of women in Kaduna get their method from public facilities

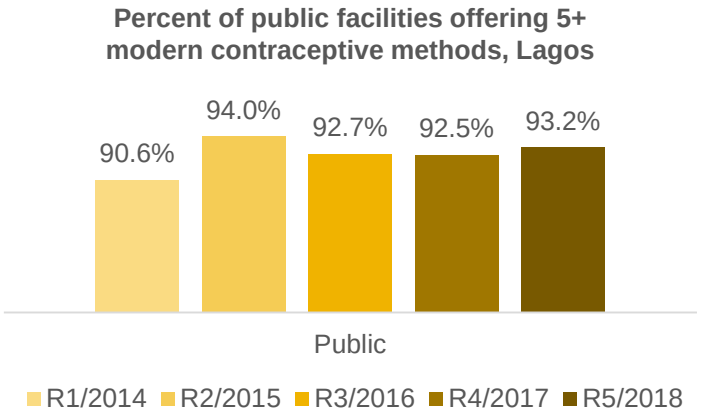
Key barriers

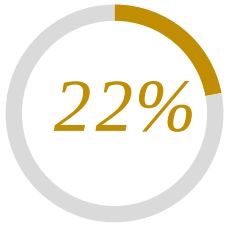
Insufficient number of FP trainers & FP providers, attrition/transfer of trained providers, work overload thus limiting availability of provider

Bureaucracy, coordination issues, restrictions, and F/SMoH approval delays, embargo on employment in states



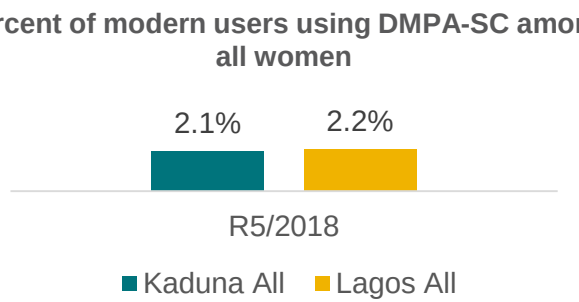
Lagos: Access to FP remains high





of women in Lagos get their method from public facilities

DMPA-SC use remains low



Source: PMA2020 data (R1-R5 Kaduna & Lagos), PO interviews, SSM, document review

Scale-up and impact

Nigeria findings

Scale-up and overall impact

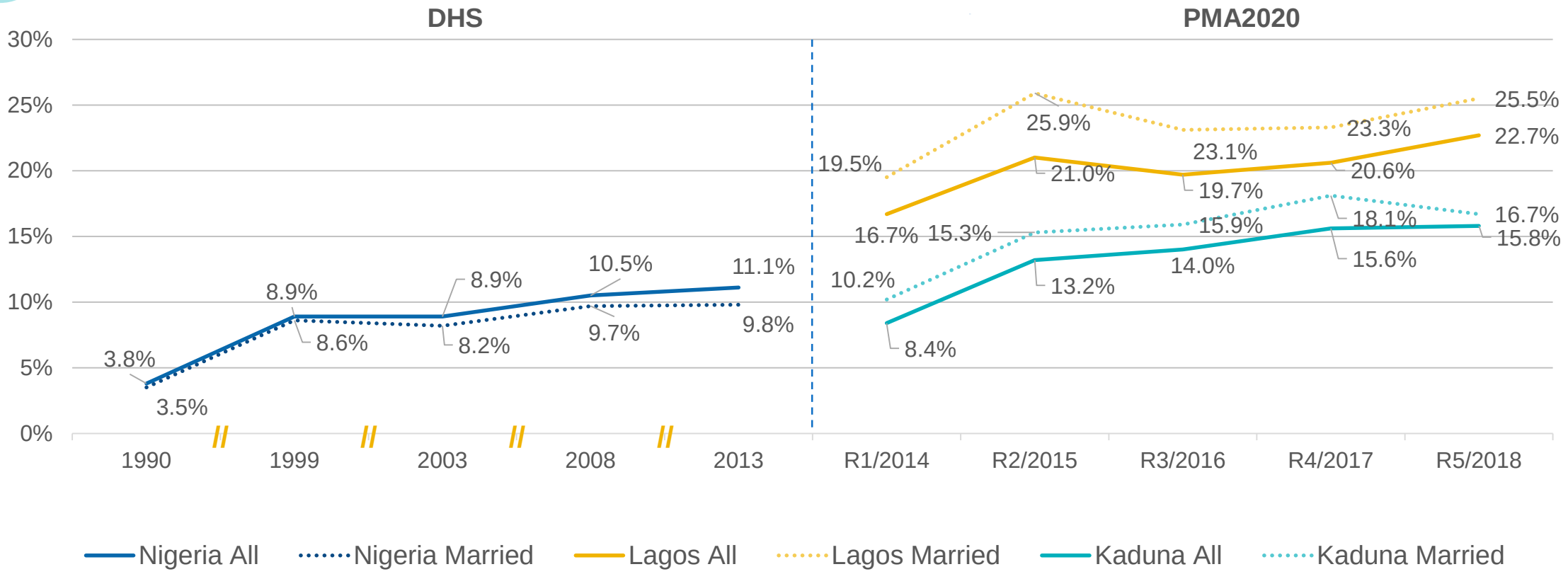
Critical assumptions	Expected changes	Sentinel indicators	Progress (KAD/LAG)
Contributing to national conversation on FP enables successful adoption of models	Successful models are adopted & replicated or scaled-up	▸ mCPR in Kaduna and Lagos ▸ # of states scaling up elements of demonstration projects ▸ National mCPR (no new data)	▲ / ▲
High-quality data influences scale-up decisions			
Strong CIPs and donor coordination support model scale-up			
Demonstration models seen as relevant and feasible models by other states			
Model programs remain effective when scaled up by others in new contexts			
Matching funds and TA will incentivize scale-up of effective demonstration models.			

⊘ No change ▲ Increasing ▼ Decreasing

Summary dashboard: Scale-up & impact

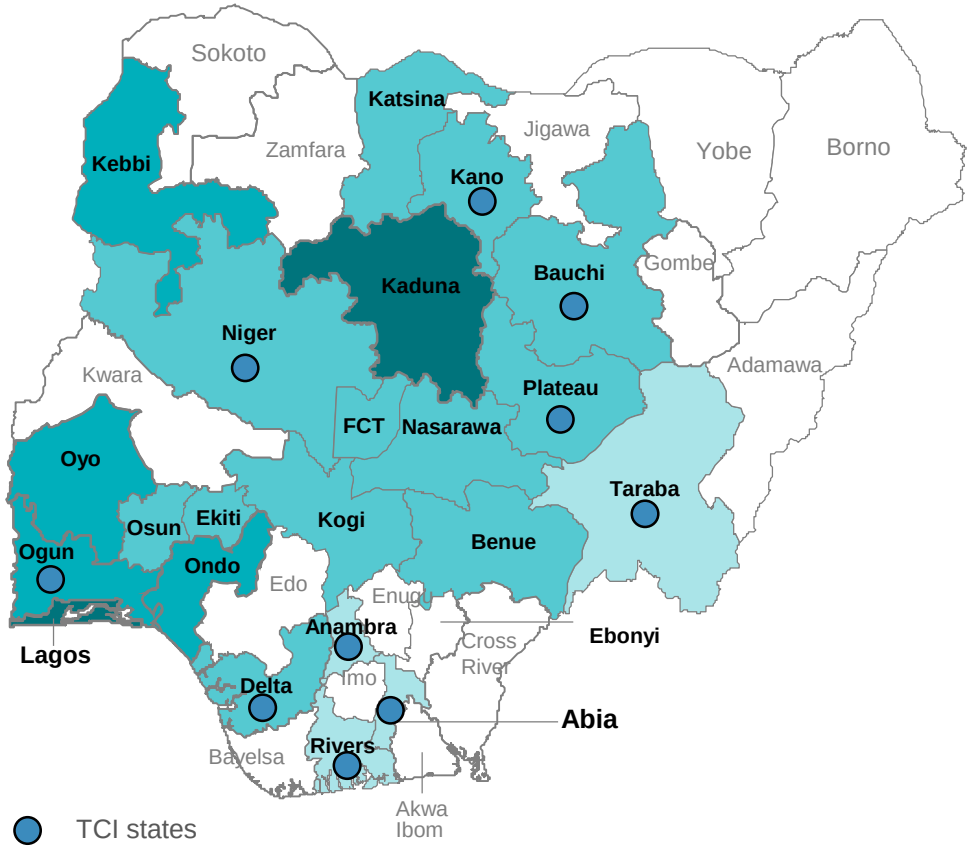
mCPR generally trending upwards for all women (ages 15-49) in both Kaduna and Lagos but slight decrease among married women in Kaduna in 2018.

mCPR longer-term trends



Source: PMA2020 data (R1-R5 Kaduna & Lagos); DHS 1990, 1999, 2003, 2008, 2013

Scale up and BMGF expansion



Enabling environment

- AFP, TSU 2.0, & Track20 continue to support CIP development throughout Nigeria
- Multiple grantees supporting TSP scale-up in various states (AFP, ASG, TSU 2.0 & NURHI2)
- In September, Nigeria's Essential Medicines List committee approved inclusion of DMPA-SC

Demand generation

- NURHI2 strengthening FP messaging on multiple media platforms, including three-part transmedia spot in Oyo

Scale-up of successful models

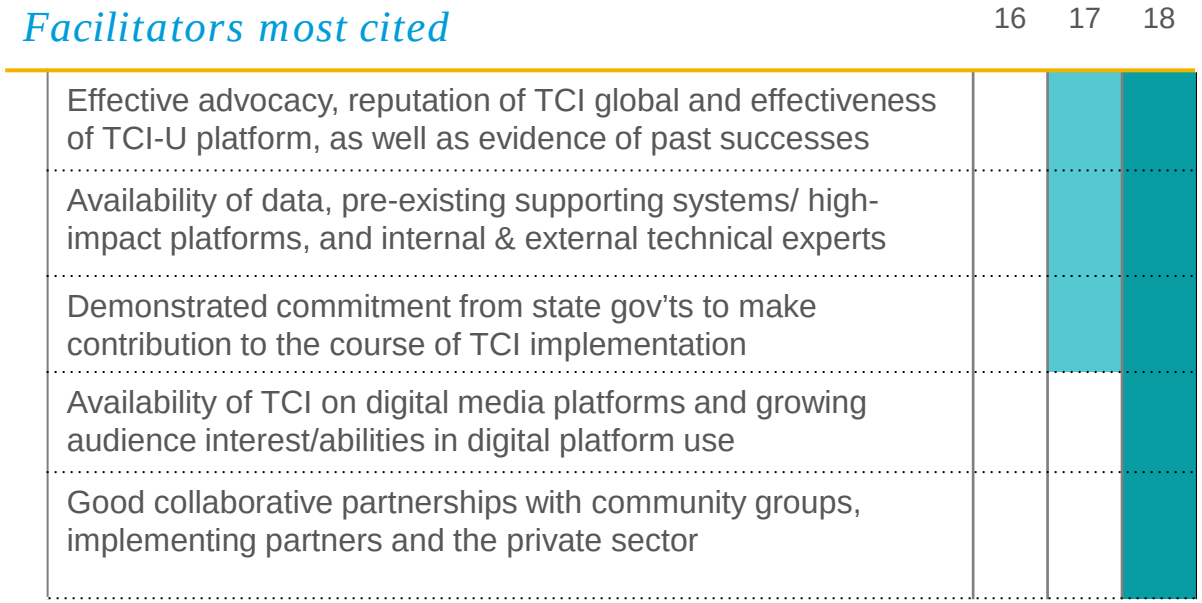
- TCI expanded to 5 new states (Abia, Anambra, Plateau, Rivers and Taraba) leveraging on the successes of the NURHI approach
- The Nigeria State Health Investment Project in Bauchi State adopted the NURHI-led 72-hour clinic makeover model
- Track 20 has expanded to support 4 additional states: Delta, Kano, Ogun, and Oyo
- Multiple grantees involved in planning for the public sector introduction and scale-up of DMPA-SC

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

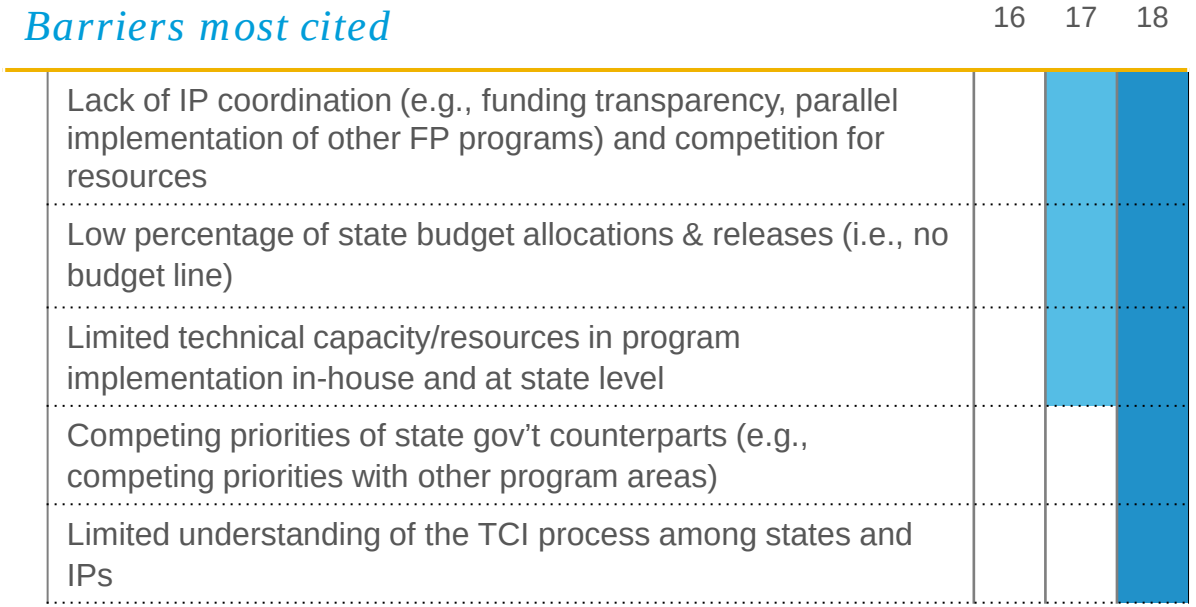
SSM grantee-level findings: Scale-up

Grantee	New activities		
	2016	*2017*	*2018*
TCI	► No data for 2016	► Resource mobilization and sustainability for TCI supported states ► Advocacy and marketing for state expansion ► Technical support & program implementation of NUHRI-proven interventions in states ► TCI-university roll-out (i.e., ToT, orientation & coaching to consultants) ► Strategy development for the introduction & scale-up of DMPA-SC	► No new activities

Facilitators most cited



Barriers most cited



Scale up: Bottom-up synthesis

Facilitators most cited	*POs*	*Grantees*
States' interest & funding commitments to TCI implementation	■	■
Outside donor support for scale-up	■	
Good collaborative partnerships and support from community groups, IPs, and family planning champions		■
Effective advocacy, reputation of TCI global and effectiveness of TCI-U platform, as well as evidence of past successes		■
Availability of data, pre-existing supporting systems/ high-impact platforms, and internal & external technical experts		■
Availability of TCI on digital media platforms and growing audience interest/abilities in digital platform use		■

Barriers most cited	*POs*	*Grantees*
Low allocation and release of state FP funds, and no accountability for release	■	■
Competing priorities and lack of coordination within states and between IPs		■
Limited technical capacity/resources in program implementation in-house and at state level		■
Limited understanding of the TCI process among states and IPs		■
Weak health system infrastructure and data systems		■
Regional variances in state support for family planning		■
Sociocultural barriers such as myths about FP methods		■

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

Appendix

The purpose of FP CAPE

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

Mechanisms of action

A clear **Theory of Change** identifies critical assumptions on drivers of family planning use.

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

Context & interaction

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

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

Design features

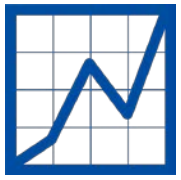
A **prospective design** documents change, issues, and learning concurrently with implementation. This allows FP CAPE to test critical assumptions in real time.

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

FP CAPE evaluation toolkit

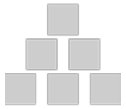
FP CAPE uses quantitative, qualitative and mixed-methods approaches to consider the complexity inherent in evaluating diverse program activities across different socio-political contexts.

Sentinel indicators



- Select indicators are used to monitor whether expected changes are happening within the portfolio. Sentinel indicators use primarily, but not exclusively, quantitative data.
- Sentinel indicators are updated every 6 months, depending on the indicator and availability of new data.
- Changes are tracked across the portfolio over time.

Bottom-up inquiry process



System support mapping

Program Officer interviews

Grantee interviews

Systematic document review

Themes of inquiry

- Activities
- Facilitating factors
- Desired changes
- Proximate indicators
- Needs
- Barriers/challenges
- Cross-grantee coordination
- Sentinel indicators

Validate or adjust critical assumptions and potentially change our ToC

Bottom-up inquiry methodology

FP CAPE synthesized four separate streams of data that comprise the bottom-up inquiry.

System support mapping (SSM)

- Participatory qualitative data collection activity
- Collect data on factors of implementation and context that influence program success
- Includes physical map of themes, audio and video recordings of SSM facilitation sessions

Program officer (PO) interviews

- Conducted quarterly using a structured interview guide
- POs identify notable changes and updates to the FP portfolio and environment in their home countries
- POs are also in a unique position to identify work with private sector entities and innovations in FP

Systematic document review

- Review of grantee documentation allows for understanding of established FP infrastructure and policies
- Looked at grantees documents, including grantee proposals, annual/quarterly progress reports, findings reports, concept notes, newsletters, and other publication on the grantees' websites

Grantee interviews

- Annual structured interviews with grantees to identify facilitators and barriers to their FP work in Nigeria
- Allowed for analysis of how and why expected changes happened

List of abbreviations

A360	Adolescent360
AAFP	Association for the Advancement of Family Planning
AFP	Advance Family Planning
ASG	Albright Stonebridge Group
ARFH	Association for Reproductive and Family Health
BMGF	Bill & Melinda Gates Foundation
BSPHCDA	Bauchi State Primary Health Care Development Agency
CCRHS	Centre for Communication and Reproductive Health Services
CHAI	Clinton Health Access Initiative
CHEW	Community health extension worker
CIP	Costed Implementation Plan
CP	Community pharmacist/pharmacy
CSO	Civil society organization
CSR	Corporate social responsibility
DHIS2	District Health Information System 2
DHS	Demographic and Health Survey
DKT	DKT International
DMPA-SC	Depot-medroxyprogesterone acetate(Sayana® Press)
dRPC	Development Research and Projects Centre
EC	Emergency Contraception
EML	Essential Medicines List
FMoH	Federal Ministry of Health
FP2020	Family planning 2020
FP	Family planning
FPBP	Family Planning Blueprint
FP CAPE	Family Planning Country Action Process Evaluation
FPDB	Family Planning Dashboard
HMIS	Health management information system
HSCL	Health Systems Consult Limited
IP	Implementing partner(s)
IPCC	Interpersonal Counseling and Communication Skills
IUD	Intrauterine device
LAM	Lactational Amenorrhea Method
LARC	Long acting reversible contraceptive
LGA	Local government area
mCPR	Modern contraceptive prevalence rate
M&E	Monitoring and evaluation
MEO	Monitoring and Evaluation Officer
MNCH	Maternal, newborn and child health
NAPPMED	Nigerian Association of Patent and Proprietary Medicine Dealers
NDHS	Nigeria Demographic and Health Survey
NHMIS	National Health Management Information System
NURHI2	Nigerian Urban Reproductive Health Initiative
PACFaH	The Partnership for Advocacy in Child and Family Health
PHC	Primary Health Care
PMA2020	Performance Monitoring and Accountability 2020
PO	Program Officer
POM	Prescription-only medicine
PPFP	Post-partum family planning
PPMV	Proprietary patent medicine vendors
PSN	Pharmaceutical Society of Nigeria
RASuDiN	Resilient & Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria
RHTWG	Regional Health Technical Working Group
SM	Social mobilization
SMART	Specific, Measurable, Attainable, Relevant, and Time-bound
SMoH	State Ministry of Health
SOGON	The Society of Gynaecology and Obstetrics of Nigeria
SP	Sayana® Press
SSM	System Support Mapping
TA	Technical Assistance
TCI	The Challenge Initiative
TCI-U	The Challenge Initiative University
ToC	Theory of Change
TSP	Task-shifting/task-sharing policy
TSTS	Task-shifting, task-sharing
TSU	Technical Support Unit
ToC	Theory of Change
ToT	Training of trainers
UNFPA	United Nations Population Fund