FP CAPE
Family Planning
Country Action Process Evaluation

FP CAPE Special Study Findings Report:

The Effect of Capacity Building Strategies with the **Nigeria Federal and State Ministries of Health**

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This report presents some key findings from the special qualitative study evaluating the effect of BMGF-supported capacity building strategies with the Federal and State Ministries of Health in Nigeria. The evaluation is designed and conducted by the Family Planning Country Action Process Evaluation (FP CAPE) project.

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Abbreviations

BMGF	Bill & Melinda Gates Foundation
CB	Capacity building
CHAI	Clinton Health Access Initiative
CHW	Community health worker
CIP	Costed implementation plan
CPC	Carolina Population Center
CS TWG	Child Spacing Technical Working Group
DHIS	District Health Information System
FMOH	Federal Ministry of Health
FP	Family planning
FP CAPE	Family Planning Country Action Process Evaluation
FP TWG	Family Planning Technical Working Group
GoN	Government of Nigeria
HMIS	Health Management Information System
mCPR	Modern contraceptive prevalence rate
NURHI	Nigerian Urban Reproductive Health Initiative
PMA2020	Performance Monitoring and Accountability 2020
PO	Program Officer
RH	Reproductive health
RH TWG	Reproductive Health Technical Working Group
SMOH	State Ministry of Health
SSM	System support mapping
TA	Technical advisor
TSU	Technical Support Unit
TWG	Technical Work Group
UNC-CH	University of North Carolina at Chapel Hill

Executive summary

The FP CAPE project generates evidence on how and why the Bill & Melinda Gates Foundation (BMGF) family planning (FP) portfolio investments are or are not driving change in key reproductive health outcomes in Nigeria. This study was designed to examine the progress and effects of the BMGF-supported model for building capacity in Nigeria Federal and State Ministry of Health staff to better implement policy and programming that will lead to an increase in the uptake of modern contraceptives.

Study Aims
The overall aims were to investigate (1) how the BMGF supported capacity building (CB) strategies addressing technical skills, management and data use contribute or do not contribute to the effective implementation of the Nigeria Family Planning Blueprint at the Federal level, and the costed implementation plans (CIPs) at the state level; and (2) how this support contributes to the overall strengthening of the provision of quality FP services in the country.

Methods
Qualitative methods based on in-depth interviews were conducted with 18 Ministry of Health (MOH) staff and 10 technical advisors (TAs) employed by BMGF-supported organizations.

Summary of findings:
Evidence supports that overall, BMGF-supported government CB strategies have contributed to increasing Government of Nigeria (GoN) capacity in technical skills, data use for decision making, and coordination, to make full use of CIPs to achieve FP goals.

Questions	Findings
What are the capacity-building strategies employed by the BMGF supported Technical Advisors (TAs) embedded at the FMOH and SMOHs?	• TAs provide training in technical skills, management, new tools, strategies and data use, and ongoing support • TAs also provide technical support to the technical working groups (TWGs) that facilitate standardization and consensus related to reproductive health policy and programmatic decision-making • TA-supported TWGs provide a platform for coordination and collaboration between agencies • TAs implement successful strategies accounting for community context, creating ownership and motivation for work, and training staff to use a number of helpful tools. • TA support instilled in GoN staff a demand for more training and a trusting professional relationship enabling staff to freely call on TAs when they need support.

What are the challenges to the BMGF TA/TWG capacity building model?	• Structural bureaucracy creates bottlenecks. • Cultural factors such as negative beliefs around FP in communities and among GoN staff. • Lack of data in certain areas, lack of data-disaggregated by factors that would help programmatic decision-makers • Data-driven decisions sometimes require plans that are too complex to implement.

How did implementation of the CB model impact government staff and the FP program?	• Government staff exhibited increased capacity in:
	  • data-related areas such as ensuring quality, using advanced analytic skills and using data for decision-making.
	  • technical skills such as using software and creating presentations.
	• Staff demonstrated greater self-confidence and a desire to make an impact through their own work.
	• Sustainability was observed in the descriptions of:
	  • government commitment and political will,
	  • improved levels coordination and collaboration.
	• Evidence for the increased ability to implement workplans was shown by wide stakeholder involvement and coordination, and factors that created an enabling environment for work plan implementation.

Recommendations

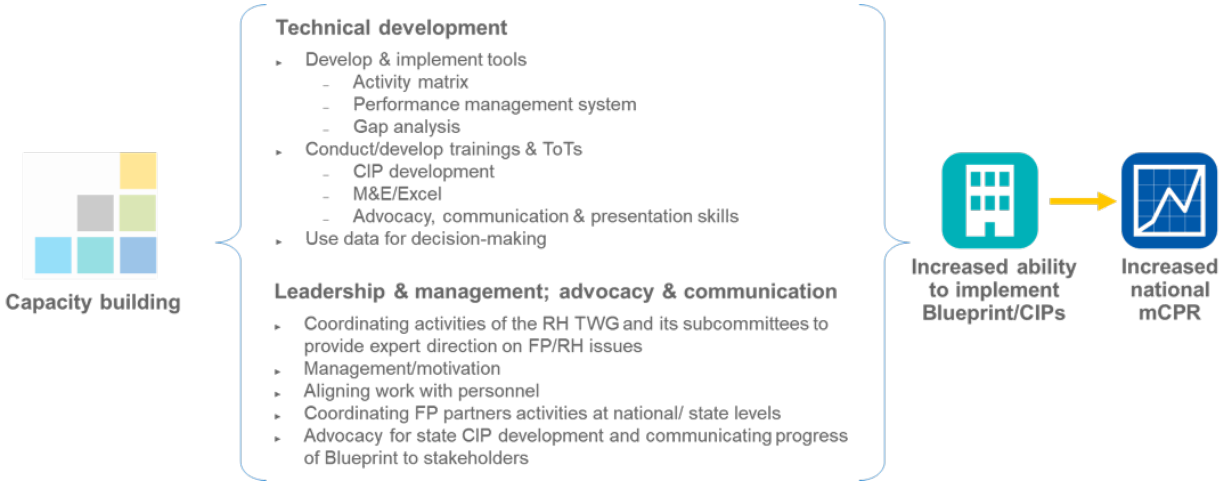
- The already successful TWGs should expand their work in coordination and consensus building, which respondents stated has been integral to progress.
- The TA technical support to Federal Ministry of Health (FMOH) and State Ministry of Health (SMOH) staff and the TWGs is important. A plan for augmenting and then replacing their work should be developed to ensure ongoing growth in capacity within the FMOH and SMOHs. The increased skills levels of GoN staff provide an opportunity to develop such a plan.
- Norm-transformative training for all GoN staff, especially around the needs of adolescents, will address a gap that currently creates a barrier to progress.
- The availability of private facility data would help government staff to make decisions about public programs.
- Bureaucratic bottlenecks within institutions should be identified and resolved when possible, or planned around when not.

01 Introduction

Strong technical, management, and leadership capacity among government staff is integral to the success of national health programs. In Nigeria, several of the Bill & Melinda Gates Foundation (BMGF) portfolio investments to the national family planning program implement capacity building (CB) activities with the Ministry of Health (MOH) at both the Federal and state levels. The goal of CB to the Government of Nigeria (GoN) is to raise the technical skill level of government staff to ensure the successful implementation of the National Family Planning Blueprint and the State Family Planning Costed Implementation Plans (CIPs). These plans were developed to organize and monitor family planning (FP) activities at all levels to achieve the long-term impact of increasing modern contraceptive use among Nigerian women.

The purpose of the FP CAPE project is to generate evidence on how and why the portfolio of FP investments is/is not driving change in key reproductive health outcomes in Nigeria. FP CAPE's theory of change postulates that the BMGF supported strategies of strengthening advocacy, Government of Nigeria management capacity, and data generation and use lead to an improved enabling environment for the use of family planning in the country. Figure 1 depicts a summary of the CB model being implemented in Nigeria. CB activities with Federal Ministry of Health (FMOH) and State Ministry of Health (SMOH) staff focus on increasing capacity in two overarching areas: technical development, and leadership and management/advocacy and communication. Increasing the capacity of MOH staff at the Federal and state levels in these two areas leads to an increased ability to implement the Blueprint/CIPs, which in turn leads to an increase in the modern contraceptive prevalence rate.

Figure 1. *Conceptual framework of government capacity building strategies*



Study objectives

Against this background, the current Special Study on Government Capacity Building was designed to investigate the progress and effects of the BMGF-supported model for building capacity in FMOH and SMOH staff to implement policy and programming that will lead to an increase in the uptake of modern contraceptives. The overall aim of the study was to investigate (1) how the BMGF supported CB strategies addressing technical skills, management and data use contribute or do not contribute to the effective implementation of the Blueprint at the Federal level, and the CIPs at the state level, and (2) how this support contributes to the overall strengthening of the provision of quality FP services in the country.

There were four study objectives:

1. Describe the strategies to increase capacity in technical skills (including data use), leadership, and management among FMOH/SMOH staff, whose work is connected to the national and state family planning programs;

2. Investigate the effects of these strategies on levels of capacity demonstrated in management, data use, and coordination among FMOH/SMOH staff, and the factors influencing those effects;

3. Identify the process of how these CB strategies contribute or do not contribute to the implementation of the Blueprint at the federal level and the CIPs at the state level; and

4. Investigate how this technical support contributes or does not contribute to the overall strengthening of the provision of quality FP services in the country.

Research questions

The research questions were formulated around the set of CB strategies developed by the BMGF-funded Technical Support Unit (TSU) to provide technical assistance to GoN staff working at the Federal Ministry of Health (FMOH) and the State Ministries of Health (SMOHs) in Kaduna and Lagos. The CB strategies included: placing dedicated technical advisors (TAs) in both the FMOH and SMOHs; providing trainings and tools; supporting the development of the Technical Working Groups (TWGs) and their sub-committees, as well as their ongoing work; and providing ongoing expertise to government staff as needed.

Our research questions probed how these strategies were implemented, and their effects on the work of government staff at the national and state levels.

1. How has the work of the Technical Advisors (TAs) embedded at the FMOH and SMOH progressed, and what factors contribute to barriers to and facilitators of their work?

2. How have the tools introduced to FMOH/SMOH staff been used, and how have these helped with the implementation of the Blueprint/CIPs?

3. How is data used for decision-making in the everyday lives of FMOH and SMOH staff?

4. How has strengthening leadership and management within the SMOHs and the FMOH led to stronger political will and a shared vision for the national/state family planning programs?

5. How were the workplans developed at the national and state levels? How are these workplans implemented by staff? How do the workplans facilitate achieving the goals of the Blueprint and CIPs?

02 Methods

Study design and sampling

Qualitative methods were used to address the research objectives and answer the research questions. In-depth interviews were conducted with a purposefully selected sample from two groups of respondents:

1. TAs embedded at the FMOH or the Kaduna and Lagos SMOHs
2. GoN staff working on family planning at the FMOH or either the Kaduna or Lagos SMOHs.

Initially, the study sample of TAs only included those working for the Technical Support Unit (TSU). During data collection, the study team became aware that a wider range of CB strategies appeared to work in concert with the ones implemented by the TSU. The strategies were implemented by three other BMGF portfolio investment partners: CHAI, NURHI 2, and Track20. In order to include the TA perspective on these CB strategies, TAs from CHAI, NURHI 2, and Track20 were included as study participants. The FP CAPE team identified study participants for this TA group. Potential participants from FMOH and SMOHs were selected based on recommendation by the TSU team. Some TAs and GoN staff were later added to the participant list as their names were mentioned during interviews as key informants.

Interview tools

Two open-ended, in-depth interview guides were developed, one for GoN staff at the FMOH or Kaduna and Lagos SMOHs (Appendix A), and one for the Technical Advisors working with GoN staff as embedded into/ dedicated to the FMOH or SMOHs (Appendix B). The FMOH/SMOH staff tool covered four areas: (1) training and tools, and how they have helped with the implementation of the Blueprint/CIPs; (2) how data are used for decision-making; (3) leadership and management support and the connection to a stronger vision for FP within the government; and (4) the development of the workplans and how they are implemented at national and state levels. The TA tool covered how their work at the FMOH/SMOH had progressed since the beginning of the project and what they saw as the barriers to and facilitators of that work.

Data collection

Prior high-level engagement visits were carried out with FMOH, Kaduna and Lagos SMOHs to discuss the objective of the study and solicit their buy-in and participation of selected persons. Also, selected TAs and their organizations were given sufficient prior notification. Thereafter, the potential study participants (TAs and FMOH/SMOH staff) were contacted by the Nigerian research team to schedule an appointment for interview. The study had planned

for everyone to be interviewed individually. On the request of some projects, three interviews were conducted in a group interview context, with more than one participant. This was specifically for the grantees/TAs who were indicated in the course of the interviews. The reason for group interview was either that different TAs focused on different aspects of the CB and group discussion would allow them to respond to different parts of the interview, or the TAs were not available for an individual interview.

All but one of the interviews were conducted in person, in a private space. Interviews took place in the offices of the TAs or FMOH/SMOH staff in Abuja, Lagos and Kaduna, and when that was not possible, it took place at FP CAPE's offices in Abuja. The one interview that did not take place in person was conducted over Zoom with two TAs calling in from Kaduna and Lagos. All interviews were conducted with the same interviewer. Verbal informed consent for study participation, which included being tape recorded, was obtained by the research team at the beginning of each interview. Each interview took place in English and lasted between 45 and 90 minutes. Interviews were digitally recorded, and fully transcribed within 2-5 days after the interview. Transcriptions were checked by the FP CAPE research team for quality assurance.

A total of 18 GoN staff and 19 TAs at both Federal and state levels (Kaduna and Lagos states) were interviewed in 28 interviews. Table 1 shows the sample breakdown by organization and role (TA, or GoN staff). The study was classified as non-human subjects research, and exempted from IRB review by the University of North Carolina at Chapel Hill, U.S., and received IRB approval by the National Health Research Ethics Committee, Nigeria. (NHREC Protocol Number NHREC/01/01/2007-12/03/2018 and NHREC Approval Number NHREC/01/01/2007-12/04/2018).

Table 1. *Study participants interviewed, by organization.*

Group	No. Interviews	No. Participants
FMOH Staff	4	4
SMOH Kaduna	8	8
SMOH Lagos	6	6
CHAI (Federal level)	1	2
NURHI 2 (Federal level)	1	8
NURHI 2 (State level/ Kaduna and Lagos)	1	2
Track20 (Federal level)	1	1
Track20 SMOH (State level/ Kaduna)	1	1
TSU (Federal level)	3	3
TSU (State level/ Kaduna)	1	1
TSU (State level/ Lagos)	1	1
Total	**28**	**37**

Data analysis

The data were analyzed using ATLAS.ti v.8.2.4. The codebook was developed collaboratively by the research team, using a set of deductive codes to start, which were refined and added to through an inductive process while reading the first set of interviews. The team coded the first four interviews together, coming to a shared understanding of the meaning and application of the codes, as well as the coding process. The interviews were coded by a team of four coders, with six interviews being double coded by two teams of two coders.

After coding was complete, codes were initially grouped into seven thematic categories, guided by the research questions, based on the first round of analysis. These thematic categories were:

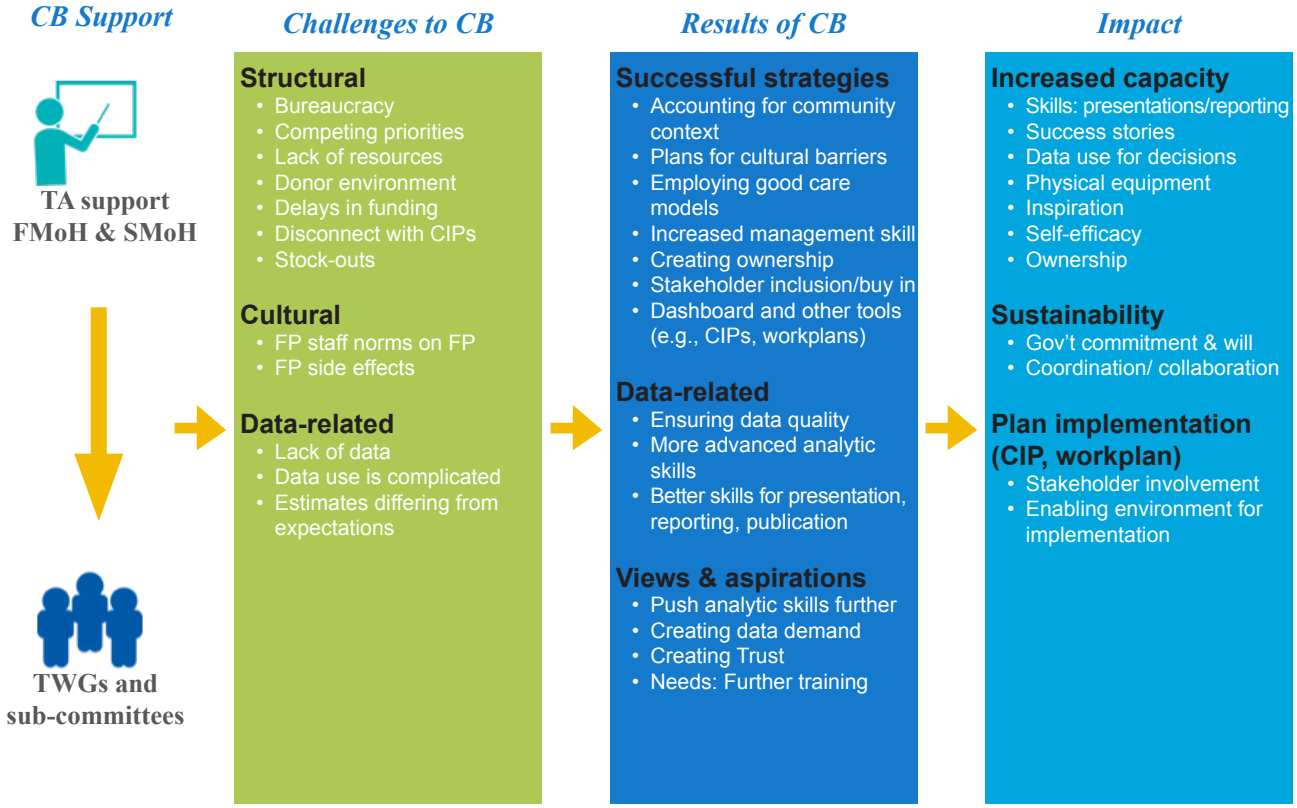
1. Contextual factors (demographic and cultural, structural/political, provider barriers)
2. Data related (sources, barriers to use, availability)
3. CB Impact (capacity, coordination, data for decisions, self-efficacy)
4. Technical Working Group – TWG (development, structure. function)
5. TA role related (barriers, facilitators, help given and sought, responsibilities network, training)
6. CB tools (National FP Dashboard, Unified/Combined workplan)
7. Views on family planning

After this step, grounded theory was used as the primary mode of data analysis. Grounded theory is a qualitative analytic approach that involves searching for and deriving theory directly from the data to explain observed phenomena. Smaller themes and broader concepts emerge from the data through the analytic process, and are organized into a framework that describes the factors that contribute to the outcome pathway.[1] Grounded theory was used in this study to develop a framework to describe how BMGF capacity building strategies have influenced GoN progress in forwarding the national family planning program, and what could be done to further facilitate the CB process. Memos were used to reflect on the newly emerged thematic groups and summarize information about patterns and trends within the data. Illustrative quotes were selected to provide examples of evidence supporting the themes within the model.

03 Results

The results of the grounded theory analysis are shown in Figure 2. The framework summarizes how BMGF capacity building approaches have developed a more enabling environment for FP in the GoN at the state and national levels. Many of the challenges that were encountered were dealt with by amending plans or creating new strategies. Remaining barriers along with successful strategies were used to inform recommendations about how the CB model can be strengthened, to bring about a greater impact.

Figure 2. *Grounded theory model explaining the CB process, its results, and impact on GoN capacity necessary for implementing the Blueprint/State CIPs.*



CB support to the FMOH/SMOH is delivered through two main mechanisms: embedded **TAs to the FMOH and SMOHs** for training and ongoing support for troubleshooting issues that arise, and support provided by the **TWGs and subcommittees** in coordination, collaboration, and consensus building around issues that arise. TAs provide specific training in technical skills, strengthening management, new tools, and strategies, data use, and ongoing support to state and federal FP staff. The TAs also provide expertise to facilitate the work of the TWG/sub-committees. The TWG/sub-committees provide coordination, harmonization of efforts and plans, and an arena for consensus on a range of decisions.

Challenges impeding the progress of CB strategies fall into three main categories: Structural/ contextual factors, such as bureaucratic processes and resulting delay in funding delivery that slows or blocks normal programmatic progress; Cultural context such as negative beliefs around FP. Data-related barriers such as the lack of data for certain areas of FP-related decision-making. While these barriers were acknowledged as problems, many of them were overcome with creative strategies.

CB provided by TAs and the TWG(s) resulted in many successful strategies that were implemented. These fell into another three categories. **Successful strategies** were demonstrated by taking community context into account before planning programs, increased management skills, and stakeholder inclusion. **Data-related successes** included ensuring quality data and teaching more advanced analytic skills for using the data. Expressed **views and aspirations** provided evidence for personal commitment and self-confidence in performing work-related tasks.

Implementing successful CB strategies, improving data-related skills and how respondents feel about their work when they express aspirations all contribute to the impact of CB: **Increased capacity** was demonstrated by using data for evidence-based decision-making, expressions of self-efficacy and general motivation among staff. Findings indicating **sustainability** were the development of political will among GoN staff for FP programming and policy, and increased coordination and collaboration with other FP partners. Finally, all the factors facilitated the **implementation of workplans and CIPs**.

Capacity building plan: BMGF-support strategies of government capacity building

TAs assigned to the FMOH & SMOHs provide training and ongoing support in a range of skill areas

The TAs to the FMOH and Kaduna and Lagos SMOHs are technical support staff employed by the organizations with BMGF portfolio investments focused on FMOH/SMOH capacity building (CHAI, NURHI 2, Track20, TSU), but they are staff dedicated to their respective GoN organization (FMOH or SMOH). The TAs are embedded as part of the staff. Most TAs are not physically located in the same building as FMOH and SMOH staff while certain ones are physically co-located, such as TSU's TA supporting Lagos SMOH. The TAs provide support through different types of activities, including group trainings, one on one ongoing technical support and feedback, and producing documents when needed.

TAs used **empowering methods** to transfer skills, building skills and the confidence to apply them together.

> "So ... the approach we have taken is (1) to assist the ministry to develop some tools and processes... that will help them in implementing the blueprint. But also to work from behind ... through coaching and mentoring, you know, to build their capacity to be able to lead the process."
> **– Federal Technical Advisor**

Training and skill development was **individualized**, assuring that everyone learned at the appropriate level.

> "It varies by individual...it's not like ... everybody has the same capacity. Some people need more hand holding than the others, some people are already proficient you know on how to use the tool by themselves which is you know, encouraging. You know for those that are lagging behind, it's something that we spend—we have to spend a little more time with them."
> **– Federal Technical Advisor**

TAs responded to **individual requests** around preparing materials to meet ministry requests.

> "Most of the requests (FMOH staff) have ...involved guiding them on developing key technical presentations... when there are meetings involving international partners like ... the FP reference group meeting. ...So, what happens for each of those meetings ... the minister will request a technical presentation from the FP branch for him ... to make at those meetings."
> **– Federal Technical Advisor**

The TAs helped staff **understand the context of their work within the larger picture**, and how their job fits into the overall aim of the FP program. This is critical because it builds both awareness and personal commitment, leading to better job performance.

> "I see my responsibilities ...in supporting government as more of a strategic one...trying to ...create or to draft a vision, and then get my team to understand that vision of how we should support the government and then supporting them to make sure that vision is being applied as it relates to uhm the implementation of the Blueprint."
> **– Federal Technical Advisor**

Developing skills and building leadership among GoN staff leads to self-confidence in being able to do a good job, which leads to higher quality work. TAs demonstrated how M&E can be used to improve program quality, and developed staff skills around data use and presenting data & results, and making sure that family planning is a priority. Finally, trust has been built between the TAs and government staff, and among government staff itself.

> "Now for ... monitoring and evaluation we have continuously interfaced with the ministry of health and the primary care agency, particularly with the HMIS officers

"... To build their capacity with data use and optimum data quality. Most of our data quality assurance, assessment – we do it jointly with them. And then, we have actually reviewed the module around data quality assurance to ensure that ah the module speaks to family planning because if you look at the national HMIS tool, you see that family planning is not elaborate"

– State Technical Advisor

Finally, TAs have helped in **coordinating the efforts of different partners**, resulting in consensus, and sowing the seeds of sustainability by ensuring that staff are prepared to undertake work in harmony with other strategies taking place

.

"It is ... just bringing them together you know and making sure that one is uhm leveraging on the other and we are having a systematic approach so that it is--it goes at scale and it's sustainable. So our key uhm the key role I see and the key advantage and achievement I see is bringing all those people to appreciate the fact that okay look we can come together and we can develop this unified plan. Believe me a lot of partners are still implementing outside the work plan..."

– Federal Technical Advisor

"We are confident to say that in the areas we support them they really at every point in time consult us for technical advice and support."

– State Technical Advisor

The TWGs and subcommittees provide a structure for supporting management and leadership

The TAs also facilitated the work of the TWGs and sub-committees, providing support and skills to build capacity in coordination between partners for implementing the Blueprint/ CIPs/ work-plans. The TWGs form a decision-making body to establish standards to be met, across partners, by bringing people together regularly to discuss issues pertaining to the national family planning program and make decisions to move it forward.

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

– FMOH Staff

"We work very closely with those secretaries to guide them, working with the partners...to develop the TOR for each of the subcommittees. ...That builds into achieving the TOR of the RH technical working group as a coordinating body and also a decision-making body. ...we work very closely with those secretaries in guiding... how those subcommittees work, how they report and how they follow-up on the decisions taken at the RH technical working group."

– State Technical Advisor

From the standpoint of government staff, the TWGs and the subcommittees provide quality guidance on coordination, assuring that work takes place in concert with other efforts, instead of duplicating efforts or working at cross purposes.

> "Let me... say the creation of the (TWG) is a welcome development. If not for that group, you understand, my own areas of expertise would have been lost. The kind of things that I am telling them and they are using, you understand, that would not be there."
> **– State Technical Advisor**

> "(Technical) working groups were not available. Now, ...they are working. That has changed ...the coordination between partners: one partner knows what the other partner is doing instead of everybody working parallel... Coordination became a very serious issue to help reduce wasted effort. So, that has changed a lot in the last one year."
> **– SMOH staff**

Challenges affecting capacity building strategies

While many challenges were mentioned in the interviews, most were presented as conditions that were encountered and then surmounted by planning accordingly. While there are some barriers that remain, the many descriptions of how TAs worked around them demonstrated that the CB strategies are flexible and robust enough that they could be adapted to the conditions in the field to ensure they were successful. This finding speaks to the strength and quality of both the strategies, and the TAs' creativity and skill in being able to tailor them. The clearest descriptions in this area were understanding community factors enough to involve community leaders who may sway public opinion in favor of overcoming cultural and community norms.

> "(In Kaduna) the culture of the north is quite different from the culture of the south, and ... if you (implement) a child spacing program that is tailored to the south of Kaduna and (in) the north then you will have a very serious problem of acceptance."
> **– State Technical Advisor**

> "Depending on their religion or if they are traditionalists, they have various beliefs so definitely any group that you want to you know ... particularly in the communities, you need to understand what their beliefs are and then you know, fashion your program to suit and explain the things that need to be explained so that they are able – empowered to take charge of their health and their wellbeing."
> **– Federal Technical Advisor**

Structural conditions and contextual factors

The barriers to building capacity that remain include a number of factors that need to be considered in order to make the FP program more successful. Organizational bureaucracy and the structure of the working environment create unnecessary delays.

"I will give an example: if ...the director of medical services is not around, everything will have to wait until she comes back, even though we know that the RH coordinator who has been trained and has the capacity to carry out that function will not be allowed until she returns."
– Federal Technical Advisor

The competing priorities of FMOH/SMOH staff means that they are not available to receive needed support, or carry out what they have been trained to do. Related to this are the competing priorities of multiple donors in the field.

"The ministry officials...have so many competing programs and even the director is not... completely in charge of herself. The ministry can call her out any time--so with the result that ...sometimes it's...quite a challenge to follow laid down plans... because ...the officers are not available ...for the program when you plan it."
– Federal Technical Advisor

"The challenge I think that they have ...is too many development partners...too many people drawing upon them exactly. Everyone has their own activities. They want them to come and participate. They want them to come and facilitate and all those kind of things. ...This calls for actually a very strong coordinating body ah to help harmonize partners work and activities such that the state can also focus effectively and provide stewardship adequately the way it's supposed to not been fragmented and being pulled by several partners."
– State Technical Advisor

The original plan was that the TAs were to be embedded into the organizations that they are supporting – and sitting in the same physical space. Being located in a different physical space impedes their ability to provide ongoing, fast support for troubleshooting.

"The underlining factor is that the TA ordinarily should have been within the ministry, housed within the ministry, where we have daily interactions instead of a kind of I am staying here and then I have to be making contact, communication, I have to be booking – No. No. No. Should have been that I am as ... I am regarded as one of them."
– Federal Technical Advisor

There were respondents who talked about delays in funding releases, or not enough funding.

"Federal Ministry of Health does not have enough money to implement all the activities. We have so many areas that the ministry is trying to intervene on and family planning is just one of them. And the – the budget, Nigeria's budget for health you know is less than... five percent... So, how much of it comes to this department for example? And when you give that money to this department that money has to be shared between the various divisions: nutrition, eh reproductive health, health promotion, child health... So, most of the time we have to fall back on donors. Sometimes partners come, and... they end up doing things that sometimes do not even follow our workplan."
– FMOH staff

Cultural views and beliefs around family planning in the community

Community norms mediate the behavior of individuals. If there are negative views in a community about modern contraception, they need to be taken into account when designing a program, or it will have only limited effect. As demonstrated above, some TAs and FMOH/SMOH staff were proactive in ensuring that the community they were targeting would be able to accept the kind of services they were being offered.

For example, certain side effects may result when using modern contraception. How people feel about whatever side effect has been reported needs to be taken into account, because individuals who cannot tolerate the side effect will not continue use. Spotting and unpredictable bleeding is a problem for people in some religious communities.

> "Then aside from that there are some ...negative norms concerning family planning and the side effects. I will call it the perceived side effects because ...we all know that the side effects of family planning: They are not really—none of them is life threatening. They are side effects that could be handled but because 'my mother said: when she was using this particular method, and she bled, and you know, ah ah she couldn't '—like for instance, for Muslims..."
>
> **– SMOH staff**

While this affects uptake in the community, it also colors the perspectives of staff that come from communities and families with negative norms about family planning, or about certain aspects of it. Staff at the ministries come into work with their own version of personal norms around family planning, based on what they view as acceptable. If policy makers have questionable personal feelings about family planning, it will affect the way policy is formulated. For example, an unenthusiastic person in charge of a campaign will not perform as well as someone who very much wants the family planning program to succeed.

> "How these may affect policy makers, program managers and even service provider? We are all subset of... the community and we have all been brought up with some form of the other cultural belief ...the program officers working (at the national level) with me, right? My program managers – I have people from different parts of the country with their different beliefs, right? And if you talk of belief it can be so deeply entrenched in the fabrics of everyone. Even when you are doing something that you have been trained on – right? – subconsciously your background, your belief system could be directly or indirectly rubbing off on what you are doing."
>
> **– FMOH Staff**

Other staff who are affected by these community norms are service providers. Providers may have negative feelings about family planning in general, or for certain populations. If they have not been through norm transformative training, or been trained to deliver service in a standard manner regardless of what or who they are treating, there will be missed opportunities for women beginning or continuing to use modern contraception. Several respondents mentioned their concern about provider bias in offering family planning services to adolescents.

> "We know that adolescents… are very, very sexually active and when we talk of unwanted pregnancies, predominant in that age group and if we can capture them definitely it will go a long way to help us in achieving the CPR. But for real …some of the providers are still biased in providing FP services to the adolescents."
>
> **– SMOH staff**

Data-related challenges

Data related challenges were attributed to a number of issues. Some mentioned a lack of data availability for what was needed. There were concerns expressed about confidence in data quality, especially when estimates or findings from data sources differ from expectations. The third common factor was despite having the skills to analyze and interpret findings, the ability to use the data to meet the gaps was unrealistic, given available resources.

> "One of the major concerns is incompleteness of data, inadequacy of data because the percentage reporting rate is very, very low. If you see even what is on the (National) FP dashboard: the reporting rates for some states is very low around that one percent. That leaves much to be desired."
>
> **– Federal Technical Advisor**

> "The second area is contention among stakeholders. When data does not speak to what you expect… You want to flare up and say: No, it's not acceptable to us. We have seen partners rejecting some data. We have seen states. In fact, at a point in time the country also rejected NDHS – the 2013 NDHS – right? – to the point that Mr. President then had to set up a committee at the presidency that looked critically into – into the contentions on the data."
>
> **– FMOH Staff**

> "There is a lot of data but… utilizing the data is a challenge. It's one thing to know that the CPR in the Northwest and Northeast is very low. Their unmet need is very high. It's one thing to know that. It's another thing to work towards changing that situation. And everything still now comes back to funding…"
>
> **– FMOH staff**

Results of government capacity building strategies:

The success of the capacity building strategies employed was demonstrated in three main areas: (1) successful strategies employed to implement the program, (2) better data-related skills, and (3) the expression of views and aspirations reflects ownership and investment in the FP program.

Implementing successful strategies

Community context varies from place to place in Nigeria. Programmatic response was planned around existing norms and circumstances so that messages would be more acceptable. Plans for surmounting cultural barriers – such as the belief that the number of children you have is up to God – were put into place and successfully implemented. Good care models have been developed and employed, such as integrating FP care with other programs to create greater access for women. Program ownership was created by increased CB, creating a sense of personal investment (support) in related work, among staff, and involving relevant stakeholders in ongoing decision-making. Specific tools, particularly the National FP Dashboard and the workplans, have changed things by providing organizational maps for daily, weekly and monthly tasks that feed into larger plan implementation (Blueprint and CIPs). The National FP Dashboard and Excel have become integral to government work.

> "The first thing is that we have built such a system that considers integration of services including family planning to be very important and the way to go. And erm with that we—we have been able to create wider access to family planning information and services. Uptake has also greatly increased. We are optimistic that the NDHS of 2018 will reflect this."
>
> **–SMOH staff**

> "I like their work because they went into community, religious leaders, to traditional leaders, getting buy-in in terms of a lot of interventions. So,... their work is quite, is quite ah let me say it's quite strategic in terms of getting acceptability and for the advancement of the... family planning program... in the state."
>
> **– SMOH staff**

> "You know the joy of family planning programming in Nigeria is that we always make it broad base. We make it all inclusive. We have a broad base of stakeholders who are always involved in articulation or formulation of any policy or policy-related document, job and what have you. So, we...have a system of health governance that gives autonomy to different states."
>
> **– FMOH Staff**

> "Prior to the (National FP) Dashboard they were a lot of repetitive trainings because really, partners did not know who had been trained...you won't know that those health workers have been trained by another partner and you go ahead and trained the same health workers again they won't tell you, but the Dashboard can actually tell you that X, Y and Z, this, this, it goes, it draws down not just the facilities with trained health workers but the names of the health workers that have been trained."
>
> **– Federal Technical Advisor**

"Ah... it (National FP Dashboard) has change a lot of things. Because before (it) was manual...those days if you want to check how many people that were trained in LARC for instance, just call FP coordinator you just look at her book and will tell you. Now, you just, is electronic, she will just log in, feed in the figures, a data into a dash board, I can open it from here and see what is happening in any state, how many people they have trained in LARC, how many people they have trained in FP technology and how, where it took place and who and who were resource persons, and of course who supported. Those details will be found there, so it has improved our work tremendously."

– FMOH staff

"I am confident that we could use the unified work plan to achieve our targets. You know the FMOH is supposed to guide policy, provide guidelines and everything for every other person down the line. The states could adopt – adapt and adopt some of those policies and guidelines."

– FMOH staff

Data-related skill development

The importance of data quality is understood and being monitored with new skills to ensure quality data. Staff have increased analytic ability in order to use the data available to them. FMOH/ SMOH staff are better prepared for reporting and presenting results.

"If... we declare data of poor quality... we bring people together, we look through the data. ...Ah when that SMART survey was first released, we were all very happy because this—the total CPR was put at 32%. We said: 'Yeah, we are moving!' And then some sceptics came up and said: 'No. Look at the methodology (and we corrected it).'"

– FMOH Staff

"(The child spacing technical working group) has ... brought visibility to child spacing because... we look at data from different sources. Analysis is made and is presented and collectively we identify where the issues are. ... we have been looking at data from all sources and we are doing analysis."

– SMOH staff

Aspirations and views

Aspirations and views are an important outcome of good capacity building. Aspirations spring from inspiration – they are expressions of what people want in order to facilitate better work. This means that they are committed to their work and feel confident enough to identify gaps and propose solutions to address them. Views can also be a complaint, but even a complaint means that people care enough to think about what would make things better. If people are thinking about what could make their jobs easier

Aspirations and views are an important outcome of good capacity building ... If people are thinking about what could make their jobs easier or more effective, they are actively thinking about how to improve things.

or more effective, they are actively thinking about how to improve things. They understand that things could be better, but there is a certain level of attainment implied when they tell us what they are wishing for. Government staff shared what could make their job better: (1) pushing analytic skills further in order to facilitate evidence-based decision-making, (2) create data demand, including disaggregation by private and public facilities, (3) maintain the trust that has been built between partners, and finally, (4) a general need for more training.

> "If I could ask for anything... more on analytical skills, because everything is evidence-based now."
> **– SMOH staff**

> "The only thing that I would have wanted was if we could... (include in) our monthly data all the private health facilities. We are doing a lot with the public but ... we are not getting sufficient data from the private. They – you know... it's been difficult. Honestly, they are out there just to make profit."
> **– SMOH staff**

> "...You can't build capacity of anybody if the trust is not there. So, one of the things that has ... facilitated my work is that the officials I am working with have confidence in the support I could give them in terms of the technical capacity, but also the mutual trust, you know, was even though it took a little time to do that."
> **– Federal Technical Advisor**

> "They should continue to work hand in hand with us especially in ... ensuring that their work plan align... so that we should work together in ensuring that we implement the CIP together and... when they are designing anything, any intervention, any program for the state, the state should also be involved at every stage."
> **– SMOH staff**

Impact of CB strategies on FMOH/SMOH capacity

The combined impact of the CB activities that have been implemented was clearly observable in **increased capacity** in a range of areas mentioned by staff and TAs. Staff are more aware of issues, pay closer attention to data, and feel supported – and thus more efficacious in their job. Staff now understand that there is someone who can problem solve with them. Instead of being intimidated by not knowing how to do something in the course of their duties, they ask for help. **Sustainability** of these interventions is apparent in expressions demonstrating growing political commitment and increasing coordination and collaboration. If government staff are used to working with each other on solutions, they will continue to do so since that will be the new norm of doing business. Finally, all of the strategies have succeeded in building a growing enabling **environment for implementing the Blueprint and CIPs.**

Sustainability of these interventions is apparent in expressions demonstrating growing political commitment and increasing coordination and collaboration.

Increased capacity

Change in a wide range of areas was noted by every respondent type, meaning that the effects of CB has been felt both by the people providing technical support (TAs at both levels), as well as by the recipients of that support. Evidence for increased capacity could be found in many skill areas. There were many comments about data use for decision-making. Respondents talked about being more organized and a felt sense of cohesion in coordinating program activities in an efficient way, mastering tools, planning, and logistics – from facilitating a good supply chain/preventing stock-outs to obtaining furniture so staff could function.

Data use for planning and problem solving:

> "In (producing) the annual forecast for family planning commodity for the country, I rely on data and a few demographic assumptions... Without data there is no way I can forecast what we need for... each year. Based on that forecast, that we (develop a) procurement plan with UNFPA. If we do not have a reliable forecast, there is no way UNFPA can... take care of our commodity need, and that means we will run out of stock of commodity and the whole FP program will fail."
>
> **– FMOH staff**

> "I receive automated reports on a monthly basis...and look at different things, you know tweak the data, ...and get some recommendations. So, there have been some facilities... that have been doing very well in service provision. Suddenly, for a particular month, I realize that there are no services here. So, I want to know what happened... I use data to troubleshoot a lot."
>
> **– FMOH staff**

Increased capacity was also observed in the range of Technical skills, including IT, M&E, data analysis, and presentation/ reporting. Data use for planning and decision-making was mentioned in many instances. Self-efficacy is critical to motivation and ultimately, good job performance. The sense of self-efficacy felt by staff was apparent, which included being able to ask for help as needed and knowing where to get that help. Ownership of FP programs came through in many interviews, as well as the documentation of successful stories.

> "When TSU came,... we jointly did a need assessment and the officers were also involved in the need assessment and we identified the gap. ...We developed a strategy over a period of time strengthen their capacity... So, the capacity has really been largely improved upon."
>
> **– FMOH Staff**

> "And I think it's also good to mention how for a lot of them also, just their general IT skills, the capacity has been built in this process, a lot of them who may not even have opened a computer in a very long while you know, we've see them grow in that skill which is good for everything."
>
> **– Federal Technical Advisor**

> "People are now doing more data queries because they know that by the time results come from your annual analysis of your FP2020 estimates, you don't want to be seeing 15,000 sterilizations (a data error) waiting for you. So, you need to

start from January to start to troubleshoot and correct that before you do your estimates on a yearly basis."
– Federal Technical Advisor

"I used data of the five poorest performing LGAs, sometimes the poorest performing facilities you know, to address some interventions…If… an LGA is doing well you don't need to do too much. You have to take up the weak ones and strengthen them. For instance, … we are targeting the five poorest performing LGAs first. I was able to do that only with the data."
– SMOH staff

"We work very closely with TSU, CHAI …. at least these two, I can vouch for them, they've actually made impact in our programs in very many different."
– SMOH staff

"When you feel you want to falter you can you know, just look behind and say: Hi, please what do I do in this type of situation? And the solution is being proffered. So, that is very key to me. TSU support – I personally find it invaluable… …it's like having an expert behind you."
– SMOH staff

Sustainability

Sustainability of a national program needs permanent structures in place: a deep skill base to enable people to work independently, high levels of government commitment and will and good coordination between stakeholders at all levels so that work moves forward in a harmonized way. Much progress that has taken place in this area. The TWGs are a working mechanism that supports coordination between partners at different levels. Trainings and skill development along with good back up from the TAs have raised the skill base of GoN staff to a point where they are able to analyze data and make decisions, as well as ask for help when they encounter something new, meaning that there is a trust established for problem solving. The increased skill base has been demonstrated earlier. This section focuses on political will, and coordination/collaboration.

Government political will can be expressed in many ways – in messages to staff, media pushes to the population, and budgetary allocations to programming.

"But what is most critical is the fact that we have built capacity at policy level…at the institutional or service delivery level, and then we have also built that same capacity at the community level. And that same capacity is what is being used to roll out this thing. People now believe and trust in … the services and that's why you are now beginning to see the changes around the—you know, the improvement in terms of the policy environment, in terms of ah the service delivery environment."
– State Technical Advisor

"They (government teams) … there is mindset change – It's (the FP program) becoming more of theirs. Now it has moved from, oh you bring something to them to – do we want it or do we not want it? It has moved beyond that point. They are now the ones now asking. When they even get as much as they can, they are asking for more."
– State Technical Advisor

"What we are seeing now is when it comes to planning for family planning services, a lot of resources are ...being channeled towards revitalizing the state's and the LGAs' outreach system. ...we have seen a very significant increase in budgetary allocations to family planning. ... family planning (used to be) lumped together with RH services (but)...because of the advocacy that had gone on, we saw that budget increase. So, you can see that there is now an increasing concentration of focus and actively trying to improve services."

– State Technical Advisor

Coordination has been demonstrated at the national and state levels.

"Child spacing (did) not have the visibility that it (has) now (because)...we established the child spacing (technical) working group with relevant sub technical working groups under it: M&E, service delivery, community engagement and mobilization... supply chain and things like that....it really gave the child spacing services a boost because all the major stakeholders in the family planning space were brought together. And so, we usually sit and look at issues and discuss with common voice...everybody is on the same page. We know what the issues are, and we take collective decisions and it has really helped a lot to improve the management of child spacing services."

– SMOH Staff

"...Tried to get them to look at what they are sending to the federal government ... and then triangulate with what facilities and LGAs are actually putting on the ... because you have the HMIS officers at the state level and FP coordinators who don't speak, HMIS is handling all the DHIS information, FP coordinator in charge of everything FP in the state don't know what FP information goes on the DHIS2. So, this was the first time these two people were actually talking."

– Federal Technical Advisor

Plan Implementation

Stakeholder involvement and collaboration is very important for the successful implementation of the workplans/CIPs/Blueprint. The stakeholder involvement in the development of the plans, and the CB strategies aimed at increasing technical and managerial/leadership skill levels has resulted in creating an enabling environment for plan implementation (e.g., CIPs, workplans). Several respondents mentioned that the CIPs acted as a stakeholder involvement/ engagement mechanism.

"Now, the costed implementation plan automatically provides partnership and coordination mechanism around interventions with focus. And then if you look at that costed implementation plan, you will see that ... the NURHI intervention is basically embedded within that intervention plan strategy because right from the first intervention that were—I mean the costed implementation plan that was designed—it was designed in ***** state and it was that template that was now taken to all other states."

– State Technical Advisor

"Now... all the implementing partners... ensure that their work plan fits into the CIP... There's nothing we do now in FP programming in the state without first consulting the CIP because we believe that's the way to go in achieving the goal of attaining the seventy-four percent CPR by year 2020. So, it has really helped."
– SMOH staff

Workplans were developed around the objectives of the CIPs and Blueprint. They were described as practical because there were less indicators, and the activities were laid out in annual time periods. Responses indicated that the workplans facilitated the implementation of the long-range Blueprint and CIPs, since tasks were laid out in a more practical way. The Blueprint and CIPs were referred to as overall guides to accomplishing the goals of the FP program at the national and state levels, but they were too complex for planning and monitoring practical ongoing activities on a daily, weekly, or monthly basis.

"(The CIP has helped) a lot in the sense that we are able to warehouse all activities. We are able to monitor what has been done against what has been pledged. We are able to plan for (the) subsequent three months. It also has been serving as a medium for information and education of programmers (and)... policymakers. And then, it has always been a good platform for decision-making for the honorable minister of health, to ratify or otherwise at the end of the day."
– FMOH staff

"The CIP. It's like there is something we all are focusing on... So, the CIP is like a working tool for us in the sub TWG. And that – it has really put everybody on – on their toes."
– SMOH staff

04 Recommendations

From the perspectives of both FMOH and SMOH staff and TAs, and the numerous examples of instances that supported these perspectives, these data demonstrate that overall, BMGF-supported government CB strategies have succeeded in contributing to increasing FMOH and SMOHs capacity in technical skills, data use for decision making, and coordination, to make full use of CIPs to achieve FP goals.

The effects of GoN capacity building were observed by both those providing and receiving it, at the federal and state levels. The TAs to the FMOH/SMOH have made significant progress in increasing the technical capacity of the FMOH and SMOH in Kaduna and Lagos. Their support to the TWGs and subcommittees has facilitated their function in bringing consensus on important decisions. Tools such as the Blueprint/CIPs/workplans, the National FP Dashboard and Excel, have improved the implementation of workplans.

The findings also pointed to some challenges to the effect of the CB model. Improving the enabling environment for the National Family Planning Program through the CB model will require building on the already successful components of the model and addressing as many of the identified challenges as feasible.

Leveraging demonstrated success and strengthened sustainability

- The TWGs and sub-committees are performing very important work for the success of the FP program. The development of these committees is complete, and they are functioning well. **Support given to the committees should focus on developing mechanisms to ensure that they become permanent structures in the FP program that are not dependent on external funding.** These committees are critical for sustainability for the success of building and maintaining capacity, because they offer a forum for collaboration, coordination, and activity harmonization that is needed for ongoing success.

- Mechanisms for **ongoing technical support from within the FMOH and SMOHs, rather than from the dedicated TAs** (who are not permanent), can be developed by advancing the training of key staff who have shown the motivation and ability to master the skills, as well as the ability to take on a mentoring role. The TWGs provide support pertaining to leadership, management, and coordination. By selecting a few key personnel for more advanced training, the ongoing support now provided by the TAs could be provided by staff with advanced training.

- **Continue skill training in M&E data analysis, analytic and other organizational tools, and data use.** There were many comments about needing help to create presentations. FMOH/SMOH staff should be skilled at both interpreting patterns and trends and how to

convey those findings to others, in order to influence evidenced-based decision-making. This means further training in preparing results for presentation, and in using an appropriate software (e.g., Google Slides which is free, or PowerPoint which they may have access to already) for a medium to convey those results.

Addressing remaining challenges or identifying them and planning accordingly will strengthen the effects of the CB model on the National FP program.

- **Norm transformative training** will benefit GoN FP program staff everywhere and at all levels. The training should cover norms around the interpretation of cultural beliefs and how to address them, views about family planning, gender norms, especially those pertaining to adolescents. Organizational work culture should also be included, to teach people to frame results such as unexpected findings as opportunities for addressing ongoing or unexpected issues instead of as program failures.

- Explore the possibility of **including private facility data pertaining to FP in monitoring data** analyzed at the FMOH and SMOHs and including more disaggregation categories, based on what staff need.

- Many government bureaucratic structures (in any country) impede progress by creating delays, due to the time it takes for needed approvals. **Bottlenecks in the system should be identified, and examined to see if they can be rectified. If not, expectations around the speed of work need to be adjusted.** The same steps should be taken to address the delays in funding noted by participants, which held up activities and were the cause of stock-outs in some cases.

- Increase coordination of partners and FMOH/SMOH workplans

- Provide technical support on performance management (e.g., track staff performance, document FP progress)

- Provide technical support on demand generation activities and scale-up of DMPA nationwide

- Expand capacity building to grassroot levels (i.e., LGAs)

Appendices

Appendix A: FP CAPE Special Study Questionnaire: Federal/ State Ministry of Health

Introduction: Thank you for taking the time to meet with us today. The answers you give us will help us understand how the BMGF strategies are working in Nigeria, and what we can do to make them stronger. Your answers will remain confidential, and you will never be quoted directly in any shared report. We will analyze the data and present it generally, as part of the answers of the other people participating in our research.

We would like to record the conversation, so we will know exactly how it went when we analyze our results. The recording will be transcribed into English without any identifying information included. Do we have your permission to record our interview?

(start recorder)

1. How would you describe common societal beliefs and perceptions regarding FP and the FP program in Nigeria?

   How are the beliefs/ perceptions related to the National/State FP program?

2. Do you feel this belief system is different among the various categories of staff and departments in the FMOH/SMOH? Can you describe how the beliefs differ by staff/ departments?

3. What role do you think the beliefs and perceptions have related to the implementation of the workplan? If so, how do they influence success, specifically?

4. Are you aware of representatives of BMGF grantees in the FMOH/SMOH? Have you ever worked with any of them, such as technical advisors from TSU, support on data use from Track20 and on National FP Dashboard from CHAI?

   Probe for an example of when they worked with the Palladium/TSU TA: attended any trainings they held, worked in groups or individually, any instances of contact

   If No, skip to 5.

   If Yes:

   Please describe an instance when working with these advisors, and how this helped, or didn't help you in your work.

Probes: What did you get anything out of it?
Can you tell me about things that you were able to do because of the interaction that you would not have done otherwise?

5. How has the support of the (names of the BMGF representatives who provided support) helped you implement the unified/ combined workplan?

   Can you give us some (more) specific examples of when this happened?
   Was that helpful?
   What, if anything, was not helpful?
   What would have made it more helpful?

Let's talk about the unified/combined workplan:

6. What was your role in the development of the unified/ combined workplan?
   Probe: How engaged were you? Please tell us about the process of the development of the workplan.
   If needed: Can you tell us more about your specific role within the process?

7. Do you feel like all the relevant stakeholders were involved in designing the unified/ combined workplan's strategies?

   If Yes: Please describe who was involved.

   If No:

   Who needed to be better engaged?

   How does engagement need to change to the improve unified/ combined workplan and ultimately impact of strategies?

8. Please tell us how you use the unified/ combined workplan in your daily or weekly work.

   a. Please give us an example of what you do in your work to implement the unified/ combined workplan.
   b. What makes it difficult or easy to do this work?

   If the response is that they don't use the unified/ combined workplan at all in their daily or weekly work, go to 11

9. Do you feel confident using the unified/ combined workplan in your daily or weekly work?
   Please tell us why, or why not.

10. How would you say the unified/ combined workplan is related to the CIP?
    If the response is that there is no relationship, go to 13.

11. Do you feel that implementing the unified/ combined workplan will help attain the CIP goals? Why or why not?

12. How are you monitoring progress on implementing the unified/ combined workplan?

    Who is involved?
    How they were engaged?
    How do you obtain the data?

    a. How will you know if you have increased modern contraceptive use in Nigeria?

13. Are you using any new processes/tools/forms/online systems that have been introduced in the last year that help you to do your daily work?
    If so, please describe them (make a list).

    If Not, then go to 15.

14. Which one or two of these do you feel like helped you the most in your work?
    a. How did you learn about it?
    b. How does it help you do your work?
    c. Before you had (tool) to use, how did you accomplish (what they described the tool to do)?

15. How helpful or not helpful a resource has the Reproductive Health/ Child Spacing Technical/ Family Planning Working Group (RH/CS/FP TWG) been to you in your work?

Let's talk about data:

16. Think about what you do in your daily or weekly work for the FMOH/SMOH: What sources of information or data do you use to guide implementation of the unified/ combined workplan? Please describe these sources.

    If the response is that they do not use data at all: Can you please tell us why not? Go to 17.

17. What specific challenges have you or others among the staff experienced when it comes to using data to implement the unified/ combined workplan?

    For each of these probes, ask, please explain if they answer yes or no.

    Probe for: awareness of data sources, access to data sources, technical skill to

use data, data in the correct format

Probe for: motivation, time and workload, lack of incentives or knowledge of the benefit to using data for policy change and program management.

18. Can you give me some examples of a few decisions that you make for implementing the unified/ combined workplan that you needed to use data for?

    Now we have some questions about one of these decisions for which you used data (help them pick a decision that had good detail)

    a. Tell us how you came to make the decision about (use a decision that will give good information) starting from when you knew you had to make the decision?

    Probe: Did you use any information to make this decision? If the response is no, go to f

    b. Where did you get this information?

    c. In what format was the information (e.g., easy to read charts, tables, statistical output etc.)

    d. How did you use the information to make this decision?

    e. What would have made it easier to use this information?

    f. Was there additional information that you needed, but that you did not have, to make this decision?

    If the answer is Yes: Do you know why the information wasn't available to you when you needed it?

    If No go to 19

19. Have you ever been concerned about the quality of the information you were using to make a decision related to the unified/ combined workplan? Please tell us about that.

    If the answer is No, go to 20.

    a. Why were you concerned about data quality? (Were there: incomplete data, missing information, results that did not seem to make sense, information was poorly presented)

    b. What do you think could be done to address your concerns?

We are almost finished:

20. When you look back over the past year, what kinds of changes have you seen in the way you and the FMOH/SMOH work?

    Probe for specific examples, and ask what is different and why they think it is different.

21. If you could ask for anything that would enable you to do your job with regard to the unified/ combined workplan, CIP, or working on the FP program in general, what would you ask for?

    Probe for: funding, data, training, more staff. For each thing mentioned, ask how it would help them – probe for specific examples.

22. Given the support you've received from BMGF grantees like TSU, Track20, CHAI, would you let us know how they can do in the future to improve their support to you, and eventually to support the FMOH/SMOH to achieve the national goals?

23. Finally, is there anything else you would like to add?

Appendix B: FP CAPE Special Study Questionnaire: Embedded Technical Advisors

Introduction: Thank you for taking the time to meet with us today. The answers you give us will help us understand how the BMGF strategies are working in Nigeria, and what we can do to make them stronger. Your answers will remain confidential, and you will never be quoted directly in any shared report. We will analyze the data and present it generally, as part of the answers of the other people participating in our research.

We would like to record the conversation, so we will know exactly how it went when we analyze our results. The recording will be transcribed into English without any identifying information included. Do we have your permission to record our interview?

(start recorder)

1. (How long have you been working at the FMOH/SMOH?) Please describe your main responsibilities as a Technical Advisor at the SMOH/FMOH.

   Probe: Is there anything else?

2. Let's talk about resources that are made available to you in your job, such as: additional training, access to people, time, data, etc. Do you think you have everything you need, to do the best job that you can, or would you say there are other resources that would help you do a better job?

   Please explain why, or why not. For example: What has made it easier for you to do your job? What has made it difficult?

3. Do government staff ask for your help with issues you might help them solve?

   If yes: Please give us an example of what kind of help they came for, and what you did to help them.

   Probe: And is there another? (until they have given 3)

   If no: Can you please tell us why you think they did not ask for your help?

4. Do you think the advice you provide as part of your job changes the way government staff have worked?

   If yes: Please tell us how, and describe an example of when you felt this happened.

   If no, please tell us why you think this, and describe a time when you felt you gave advice which should have changed things but did not.

5. Please tell us how your job as a TA is contributing to the progress achieved by the FMOH/ SMOH in implementing the unified/ combined workplan?

   Or, please tell us why you think your job is not contributing

   Please give us some examples that demonstrate your response

6. Looking back to when you first started at the FMOH/SMOH until now, what kinds of changes have you seen in the way government staff work? For example, do you feel people are better on track now than before, or not—and if so, why do you think that?

7. Is there anything else you would like to tell us?

References

1 Glaser, Barney G. and Anslem Strauss (2017). *The discovery of grounded theory: strategies for qualitative research*. London and New York: Routledge.