



# FP CAPE

Family Planning  
Country Action Process Evaluation

*Insights Deck – Nigeria*

January 2020

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# **Executive summary**

*Nigeria findings and insights (2019)*

# Overall portfolio progress



<i>ToC segment</i>		<i>Geography</i>	<i>Status</i>	<i>Details</i>
Enabling environment		National		<ul style="list-style-type: none"> <li>▶ Uncertainty in funding and lack of consistent releases a significant barrier to FP advancement at the national and state levels</li> <li>▶ TSP/CIP rollout continuing</li> </ul>
		Kaduna		<ul style="list-style-type: none"> <li>▶ Steady levels of program exposure</li> <li>▶ Grantees are experimenting with new ways to reach women, including mobile phone, call center, and social media</li> </ul>
Demand generation		Lagos		<ul style="list-style-type: none"> <li>▶ Slight decline in exposure to FP messages</li> <li>▶ Slightly higher levels of misinformation as compared to Kaduna</li> </ul>
		Kaduna		<ul style="list-style-type: none"> <li>▶ Shifts in method mix among modern users, favoring implants</li> </ul>
Service delivery		Lagos		<ul style="list-style-type: none"> <li>▶ Stockouts relatively low/stable with a spike in 2019 that has returned to previous levels</li> </ul>
		Kaduna		<ul style="list-style-type: none"> <li>▶ mCPR has increased since 2014 in PMA2020 data, but 2018 DHS suggested a recent decline.</li> </ul>
Impact		Lagos		<ul style="list-style-type: none"> <li>▶ mCPR increasing slowly</li> </ul>

# Summary dashboard: Enabling environment

2019 brought both progress in TSP and CIP roll out across states as well as significant funding decreases at the national level.

2019 release of FP funds (in USD)

\$4M

Pending Federal disbursement

\$1,500

State-level disbursements

CIP progress 2016-19

29/36

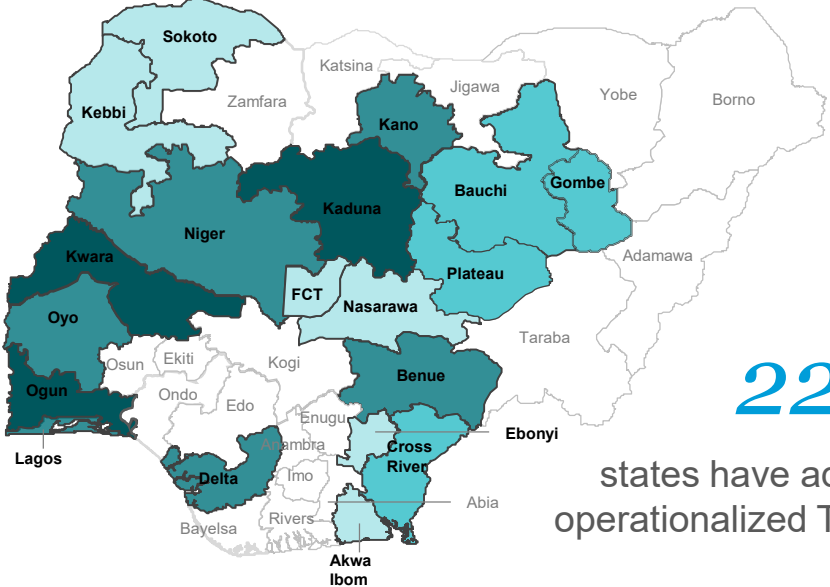
States have CIPs or are in the process of implementing CIPs

14

States have CIPs that have already expired or will expire in 2020

TSP progress 2017-2019

TSP as of December 2017



states have adopted or operationalized TSP policies

TSP as of December 2019



National meetings

Reproductive Health Technical Working Group (RHTWG) meetings were held in 2019 with over 60 organizations in attendance

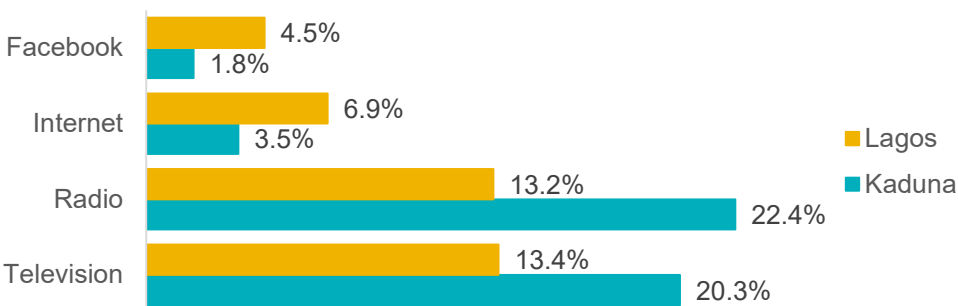
■ TSP operationalized/implemented ■ TSP draft validated ■ TSP draft completed ■ Advocacy work ongoing for TSP

# Summary dashboard: Demand generation

Mass media exposure to FP messaging is fairly stable. Grantees are expanding to use social media and community engagement to spread FP information. Misconceptions about FP are common, particularly among youth.

## Youth exposure to media

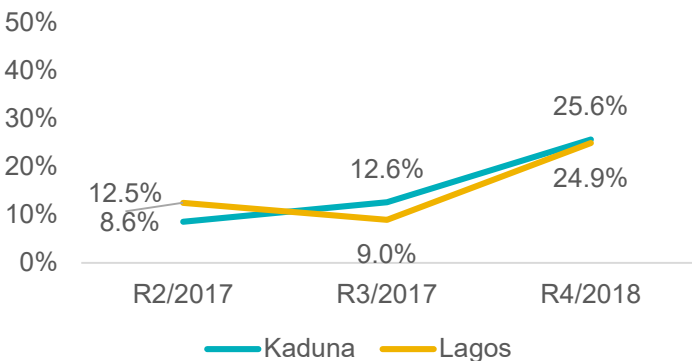
Females aged 14-24 reporting exposure to FP messages via various media in the past 30 days



Youth in Kaduna see FP messaging on TV and Radio more than those in Lagos, where internet exposure is higher.

## FP community engagement

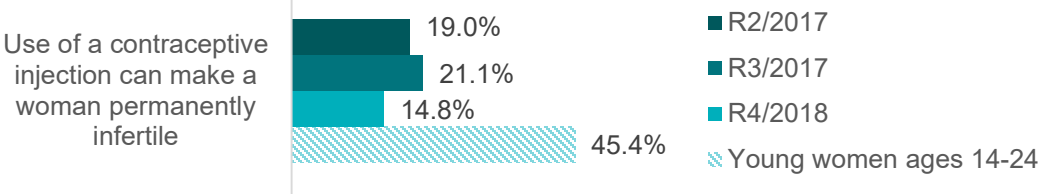
Seen a man or woman wearing a branded dress or jacket talking to people about family planning/childbirth spacing, Kaduna



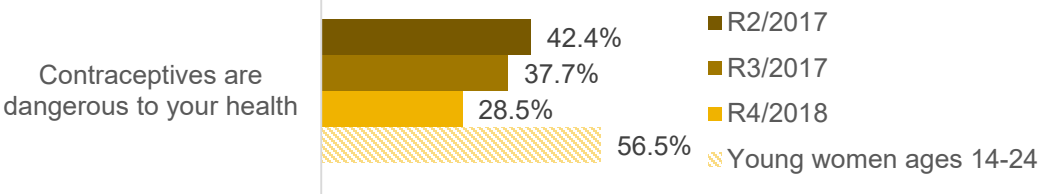
Exposure to FP workers is on the rise; 25% of respondents reported noticing a uniformed FP worker in the community.

## Misconceptions about FP

Strongly agree or agree: women ages 18-49 compared with young women ages 14-24, Kaduna



Strongly agree or agree: women ages 18-49 compared with young women ages 14-24, Lagos



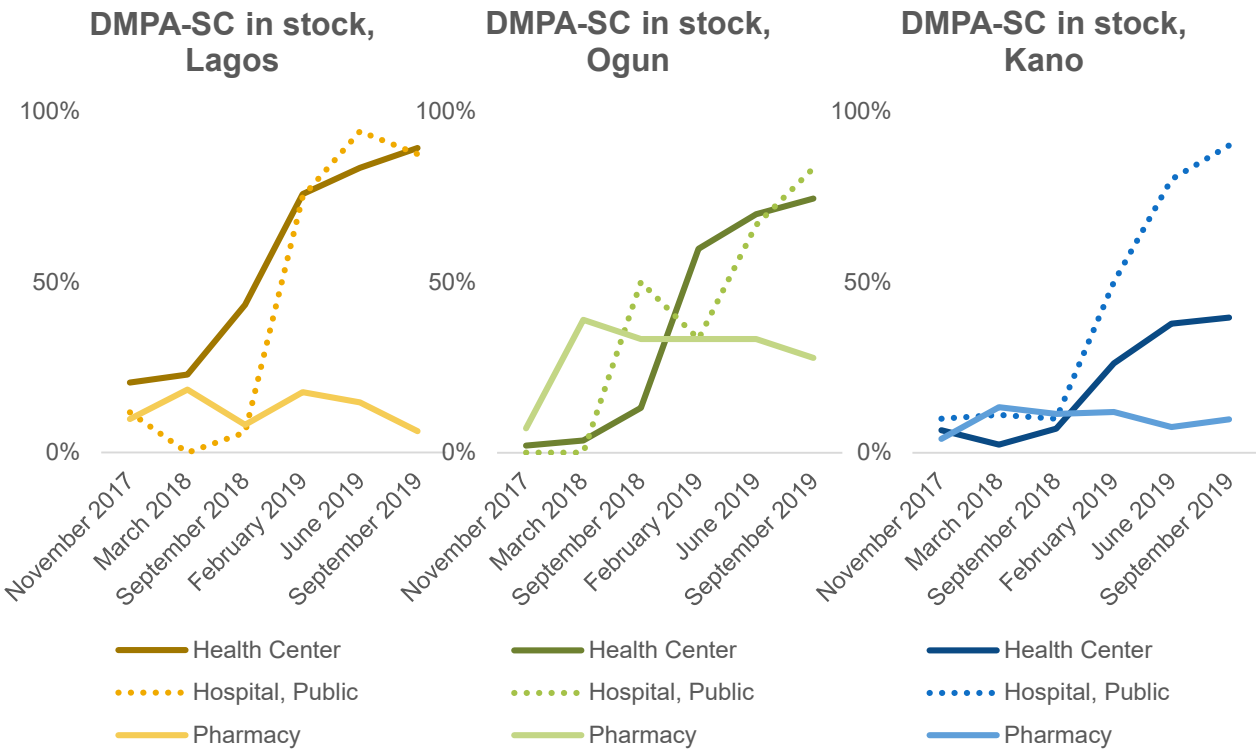
A greater proportion of youth (14-24) have misconceptions about FP than all women.

# Summary dashboard: Service delivery

Overall quality metrics appear strong in Lagos. DMPA-SC availability is increasing per national roll-out strategy in Lagos, Ogun, and Kano.

## Strong DMPA-SC rollout in public facilities

The effectiveness of a January 2019 FMOH DMPA-SC dissemination strategy was seen through the growth of stock of DMPA-SC throughout public facilities in multiple geographies this year.



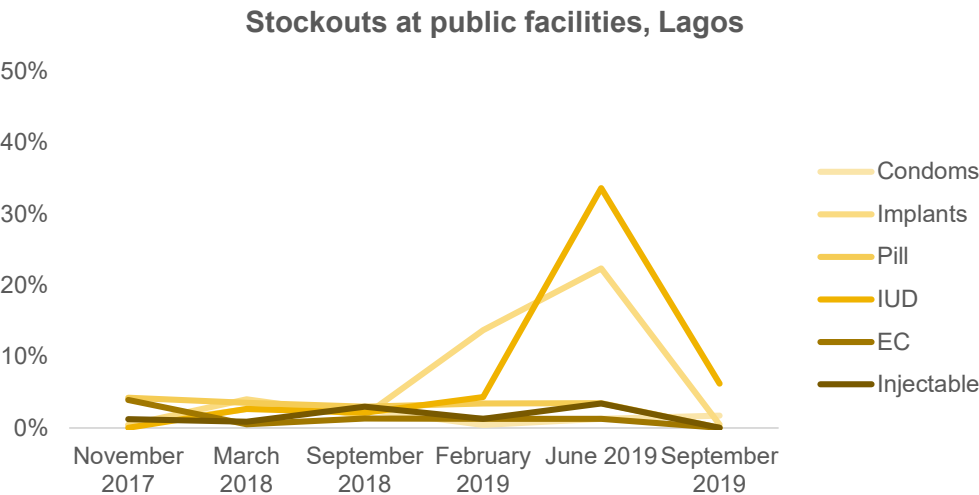
## Overall quality metrics in Lagos appear strong

Public facilities experienced a spikes in LARC stockouts in 2018 and 2019 followed by improved availability. Timing of stockout spikes varied across states.

Private facilities generally had steady stockout levels.

89.8%

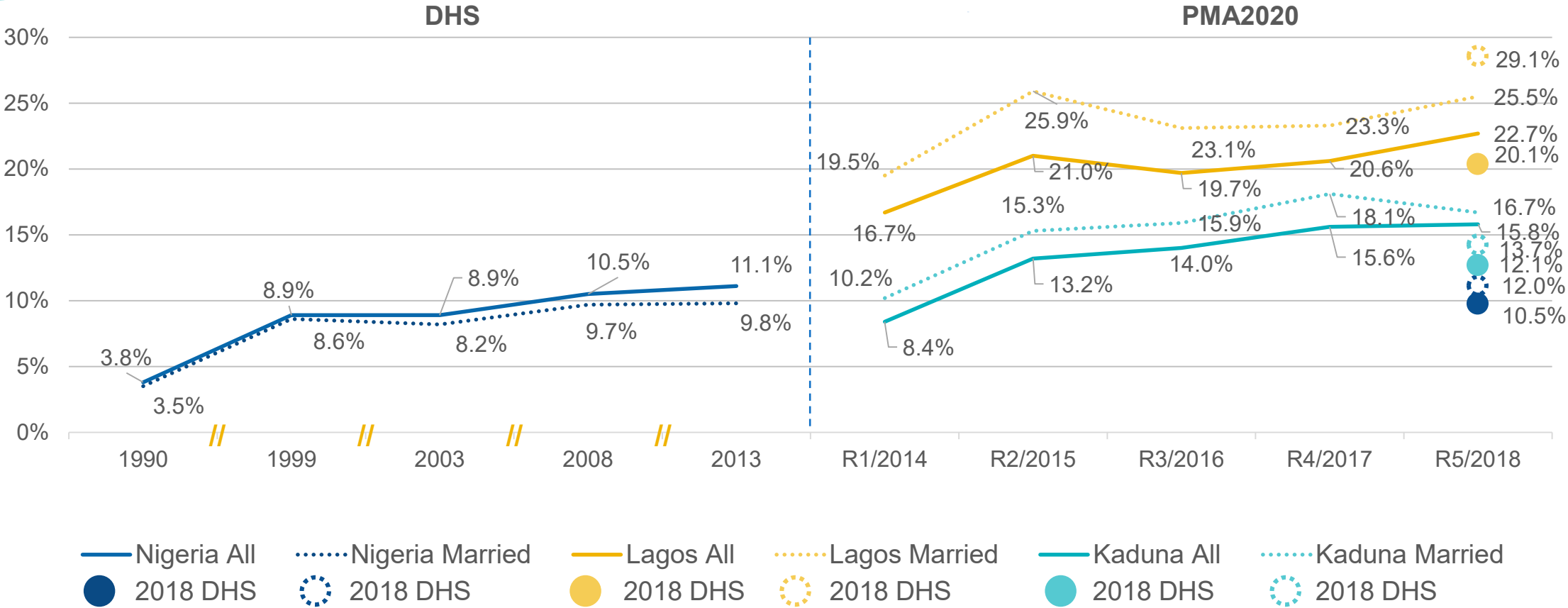
Of women surveyed by PMA Agile said facility clarity of FP information was “very clear” or “clear”



# Summary dashboard: Impact

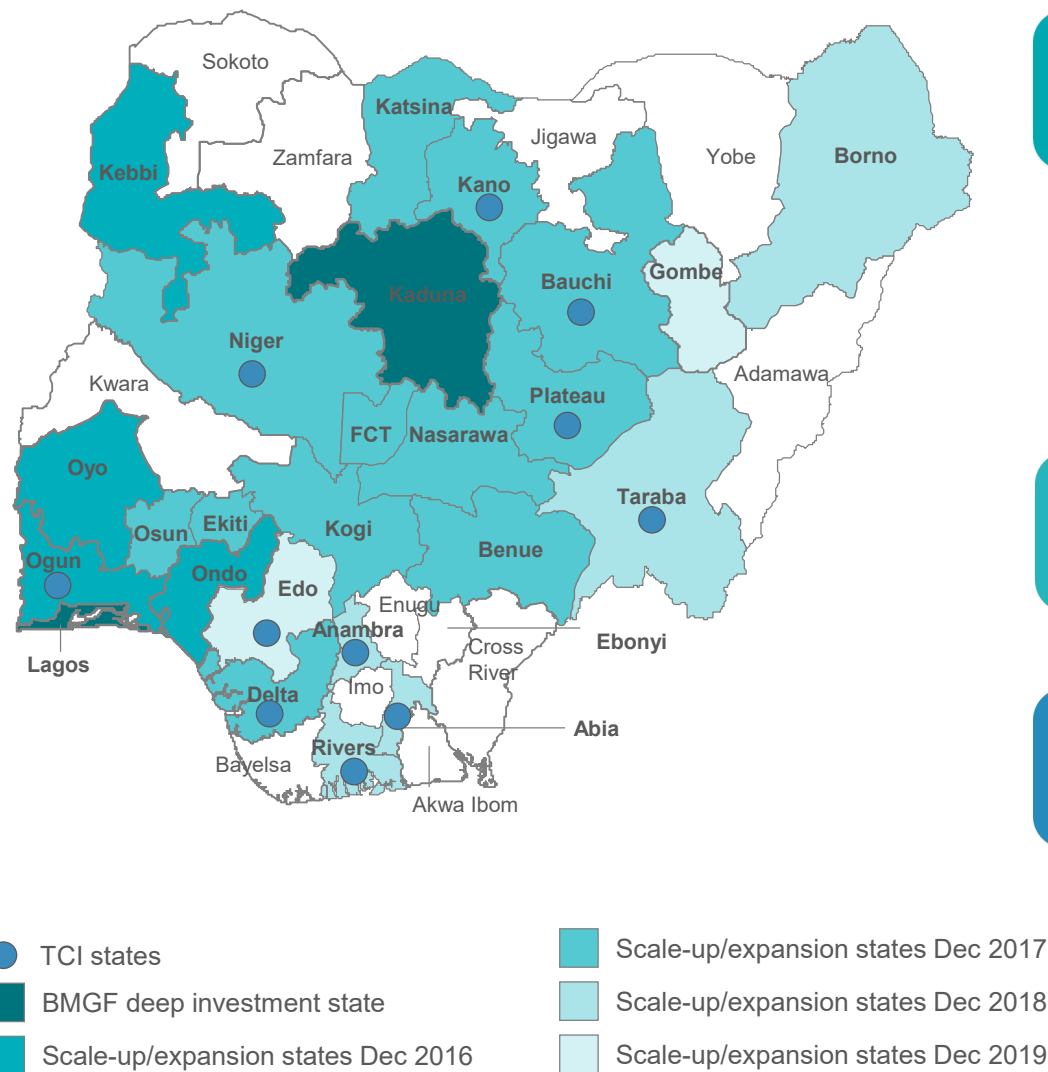
*mCPR generally trending upwards for all women (ages 15-49) in both Kaduna and Lagos but slight decrease among married women in Kaduna in 2018.*

## mCPR longer-term trends





# Scale up and BMGF expansion



## *Enabling environment*

- ▶ AFP, TSU 2.0, & Track20 and other implementing partners continue to support CIP development throughout Nigeria
- ▶ Multiple grantees supporting TSP scale-up in various states (AFP, ASG, TSU 2.0 & NURHI2); TSP policy revised to include PPMVs and CHIPS
- ▶ DMPA-SC included in the Approved Patent Medicines List in May 2019, which allows PPMVs to stock DMPA-SC
- ▶ State gov'ts have supported the direct financing of HILs in 10 supported states up to \$1 million in cash and \$193,000 as non-cash contribution



## *Demand generation*

- ▶ TCI introduced the use of SBCC committee in all 10 states
- ▶ Anambra state, through SMOL Program for Results, adopted TCI's demand generation strategy for replication and execution



## *Scale-up of successful models*

- ▶ TCI scaled up its Adolescent and Youth SRH program into 2 new states (Plateau and Edo) and in 2 additional existing states (Ogun and Niger)
- ▶ Through technical assistance from TCI in Bauchi State, PPFN adopted the 72 hour clinic makeover model and is currently scaling it up in Gombe State
- ▶ TSU expanded its efforts to the North West and South West through gov't led Transparency, Advocacy, and Capacity Building platform



# 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

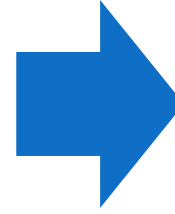
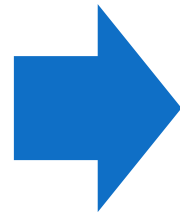
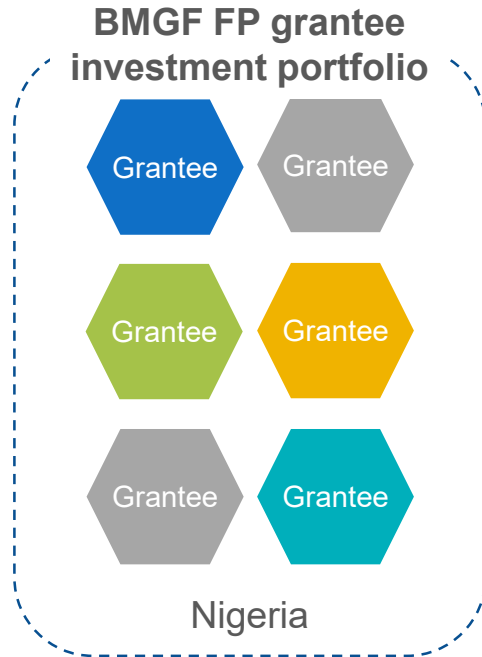
*Active for four years (2016-2019), FP CAPE analyzed multiple rounds of quantitative and qualitative data to understand how/why the BMGF Nigeria FP portfolio may be driving changes.*

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.

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.

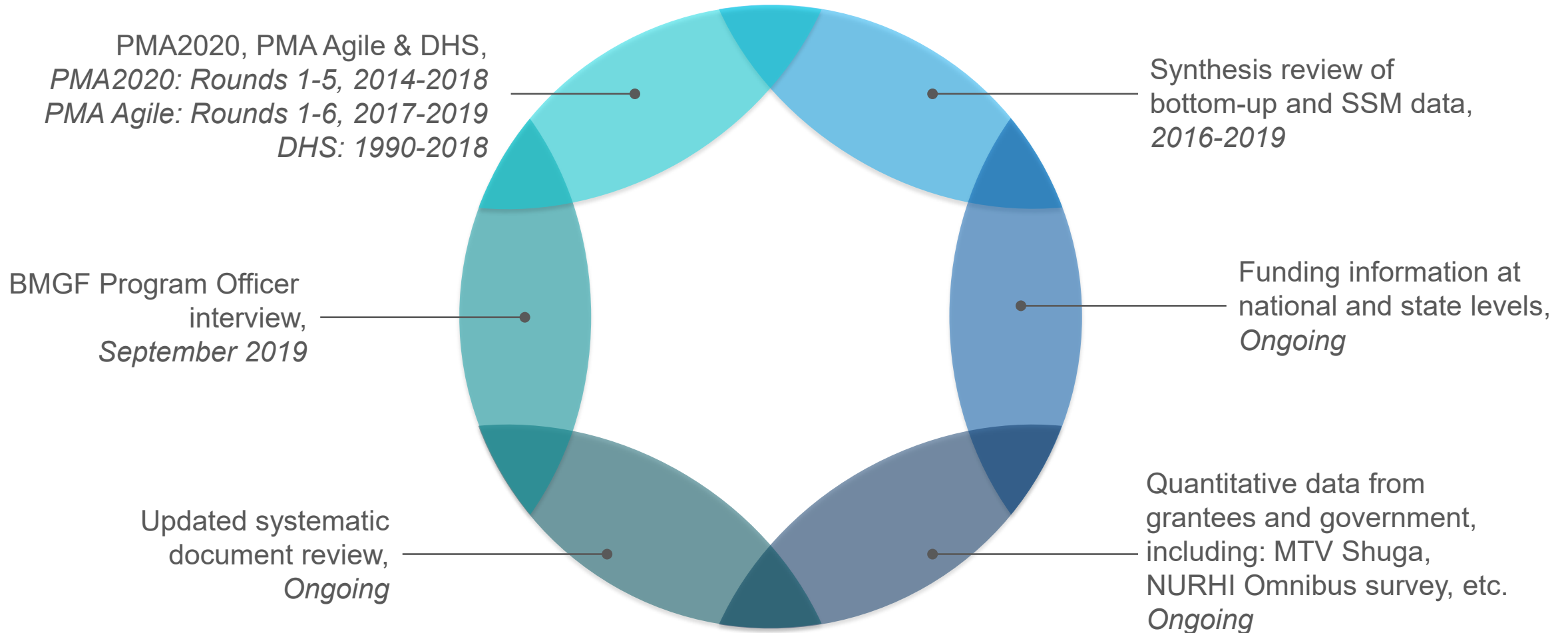
Simple evaluation approaches are not sufficient to understand the portfolio of grantees at a country level.



**FP CAPE**  
Family Planning  
Country Action Process Evaluation

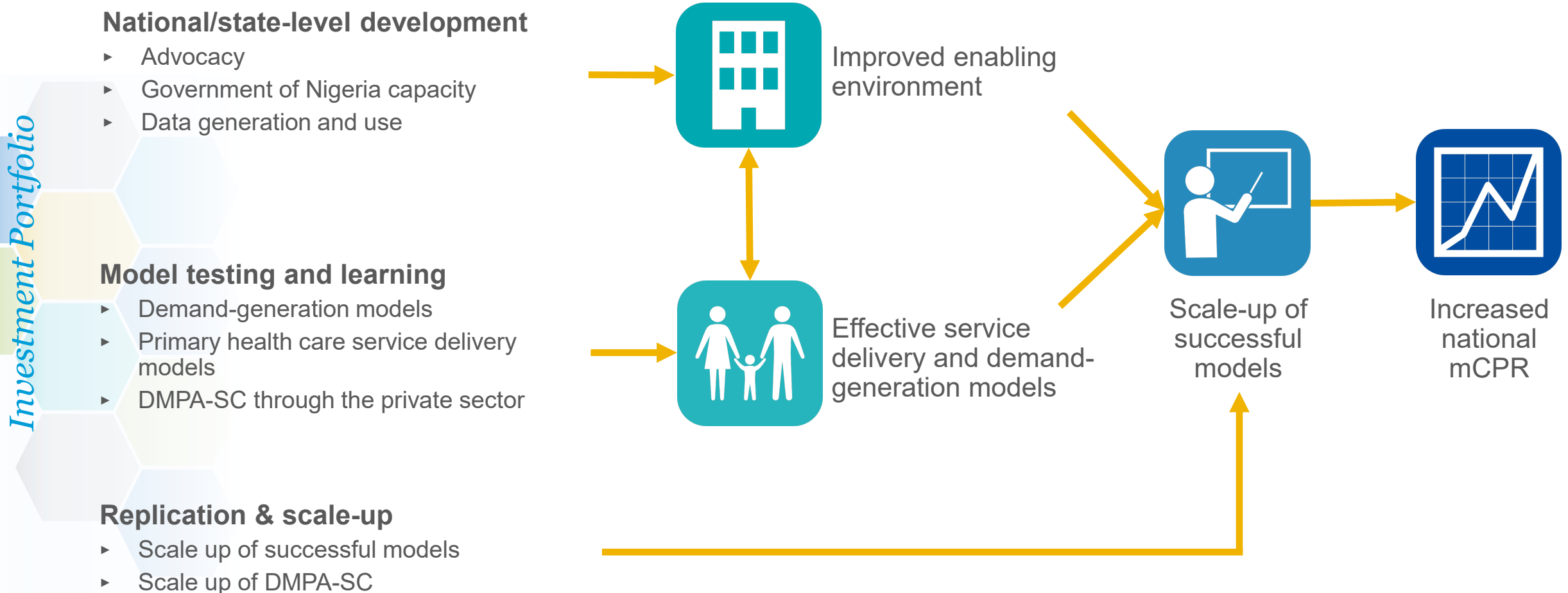
# FP CAPE synthesizes a variety of Nigerian data sources

*We utilize qualitative and quantitative information, including our own data-collection activities to add to the body of evidence on BMGF-funded family planning activity in Nigeria.*



# 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.*



# BMGF Nigeria FP Grantees, by Theory of Change area

## National/state-level development

### Advocacy



### Government of Nigeria capacity



### Data generation and use



## Model testing and learning

### Demand generation models



### Service delivery models



### DMPA-SC



## Replication and scale-up

### Scale-up of successful models



### Scale-up of DMPA-SC





RASuDiN



# Nigeria investment portfolio: Critical assumptions

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

 Investment Portfolio	Project area	Critical assumptions
	Enabling environment	<ul style="list-style-type: none"><li>▶ Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of FP</li><li>▶ Advocacy efforts lead to the operationalization of Task-Shifting &amp; Task-Sharing Policy (TSP)</li><li>▶ Targeted support to FMoH/SMoH strengthens donor coordination and Costed implementation Plans (CIP)</li><li>▶ Strong measurement drives performance</li></ul>
	Effective service delivery and demand generation models	<ul style="list-style-type: none"><li>▶ Demand generation models result in large scale social norm change</li><li>▶ PHC service delivery models increase quality and access to services</li><li>▶ Introduction of new methods generates new demand for services, especially among youth</li><li>▶ The TSP increases access to FP</li></ul>
	Scale up of successful demonstration models	<ul style="list-style-type: none"><li>▶ Contributing to national conversation on FP enables successful adoption of models</li><li>▶ Strong CIPs and donor coordination support model scale-up</li><li>▶ High quality data influences scale-up decisions</li><li>▶ Demonstration models seen as relevant and feasible models by other states</li><li>▶ Matching funds and TA will incentivize scale-up of effective demonstration models</li></ul>
 Outcomes	Increased national mCPR	<ul style="list-style-type: none"><li>▶ Model programs remain effective when scaled up by others in new context</li></ul>



## **Nigeria: Findings**

*Targeted evaluation findings and new results*





# Enabling environment

*Nigeria findings*

# Enabling environment

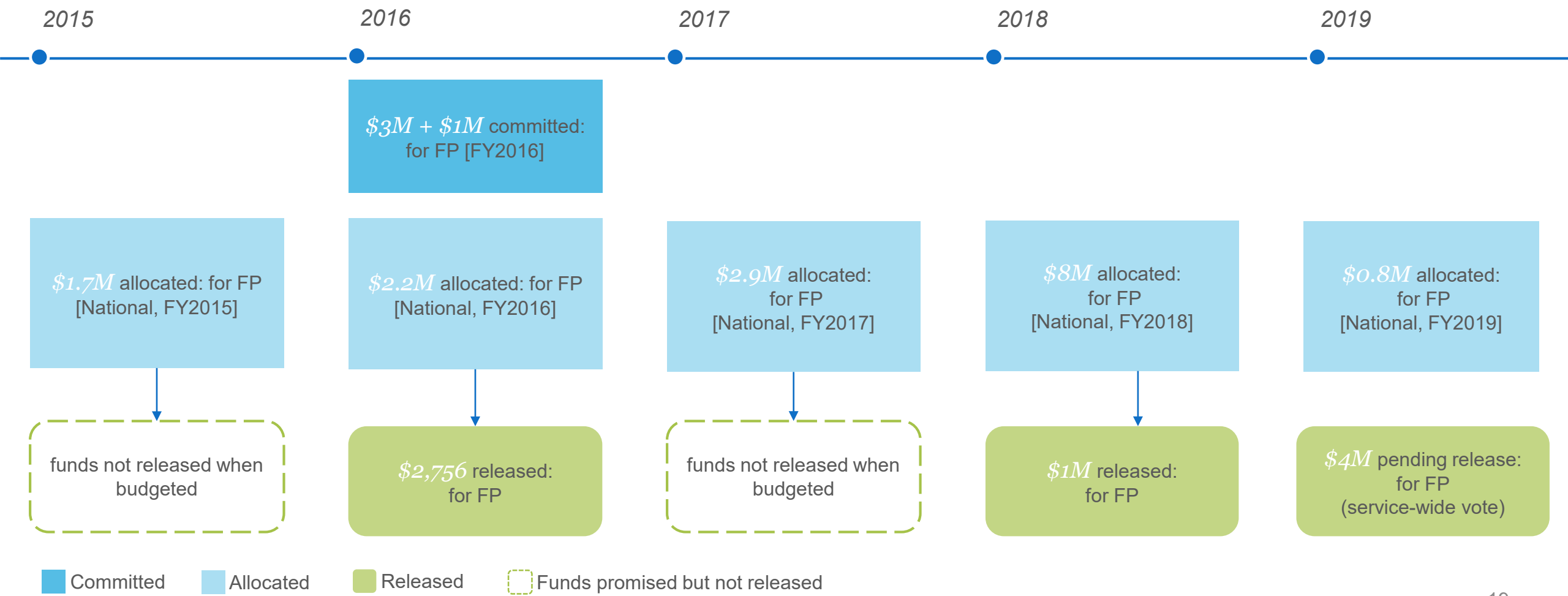
Critical assumptions	Expected changes	Sentinel indicators
<i>Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of FP</i>	FP visibility increases	<ul style="list-style-type: none"> <li>▶ FP2020 Government commitments</li> <li>▶ # of reproductive health technical working group (RHTWG) meetings held</li> <li>▶ # of organizations/partners in attendance at RHTWG meetings</li> </ul>
	Increased government financial resources for FP	<ul style="list-style-type: none"> <li>▶ FP as a % of the national health budget</li> <li>▶ Government FP funding commitments, allocations and disbursements (USD)</li> </ul>
<i>Advocacy efforts lead to the operationalization of Task-Shifting &amp; Task-Sharing Policy</i>	TSP is operationalized across states	<ul style="list-style-type: none"> <li>▶ # of states taking steps to operationalize TSP and status</li> </ul>
<i>Targeted support to FMOH/SMoH strengthens donor coordination and costed implementation plans (CIPs)</i>	Donor coordination increases	<ul style="list-style-type: none"> <li>▶ No new data</li> </ul>
	CIPs are strengthened	<ul style="list-style-type: none"> <li>▶ # of CIPs initiated/completed and where</li> </ul>
<i>Strong measurement drives performance</i>	Data used to make decisions	<ul style="list-style-type: none"> <li>▶ No new data</li> </ul>

# Nigeria government FP funding status (national)

*In 2019, the government FP allocation was cut by 90% compared to the 2018 allocation, but \$4M of funds are pending release for FP from a service-wide vote.*

ToC critical assumption

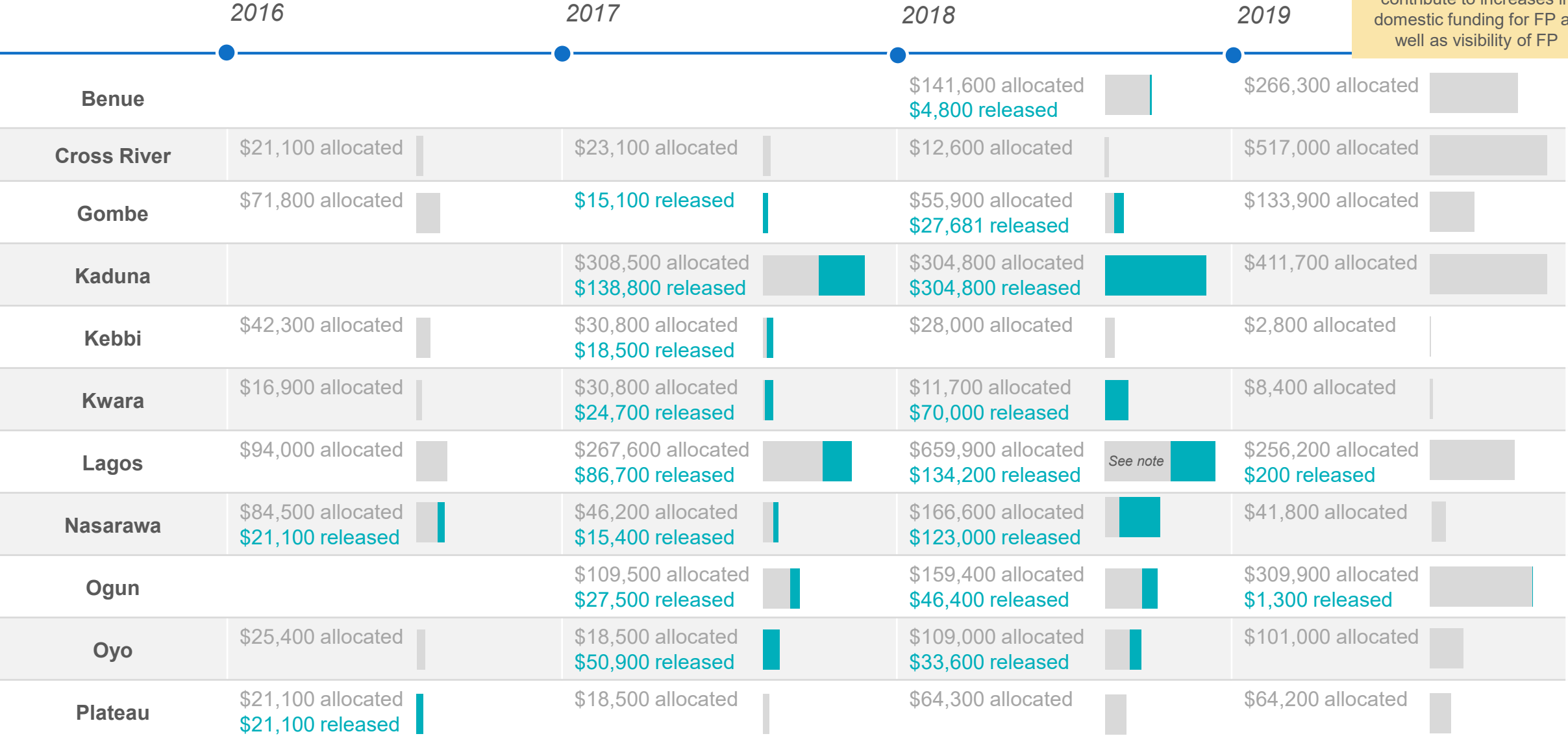
Advocacy outcomes will contribute to increases in domestic funding for FP as well as visibility of FP



# 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



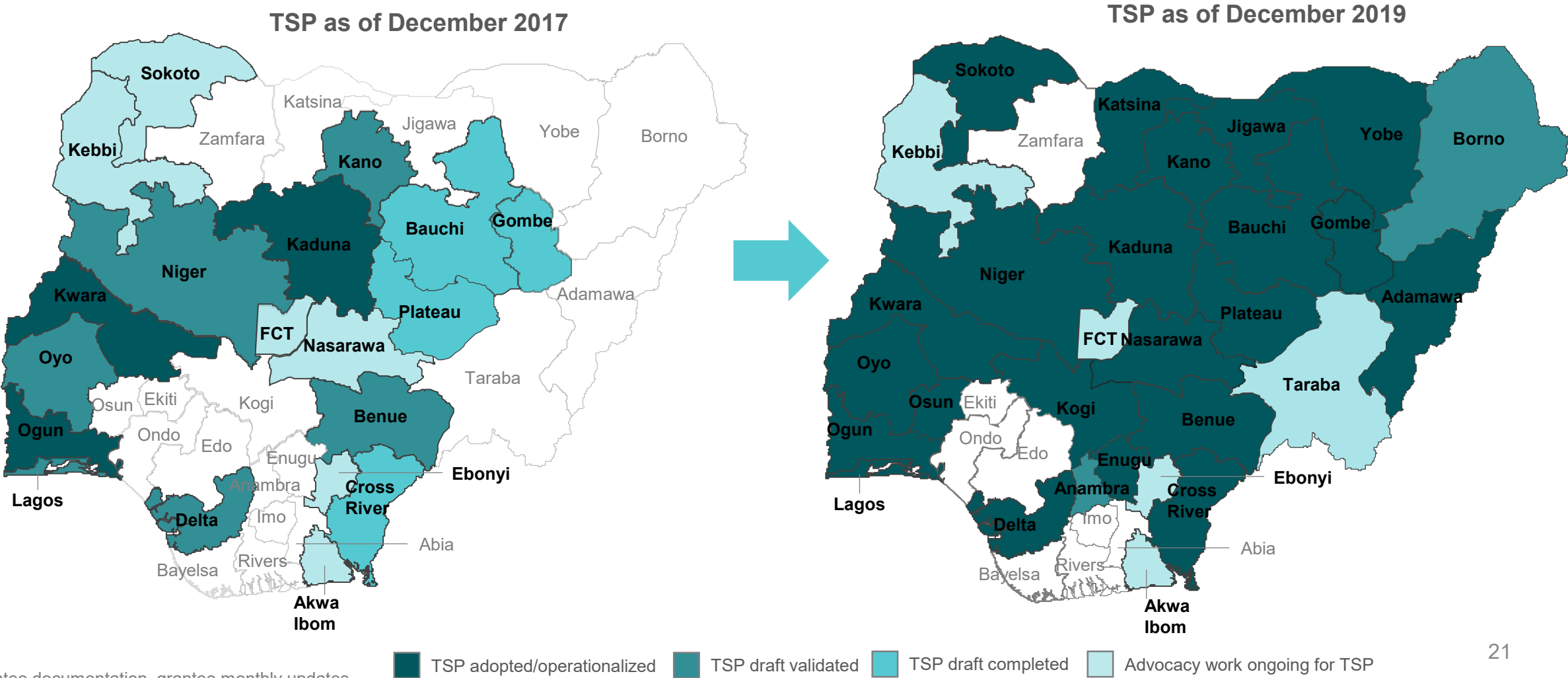
Source: Pathfinder AFP data. Note: Also includes Saving One Million Lives FP allocations. Currency conversion using average annual rate. Numbers rounded to nearest hundred. Lagos 2018 allocated amount is shortened for visualization purposes.

# TSP operationalization across states

*Most states are engaged in the TSP process and 22 states have adopted or operationalized the policies.*

ToC critical assumption

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

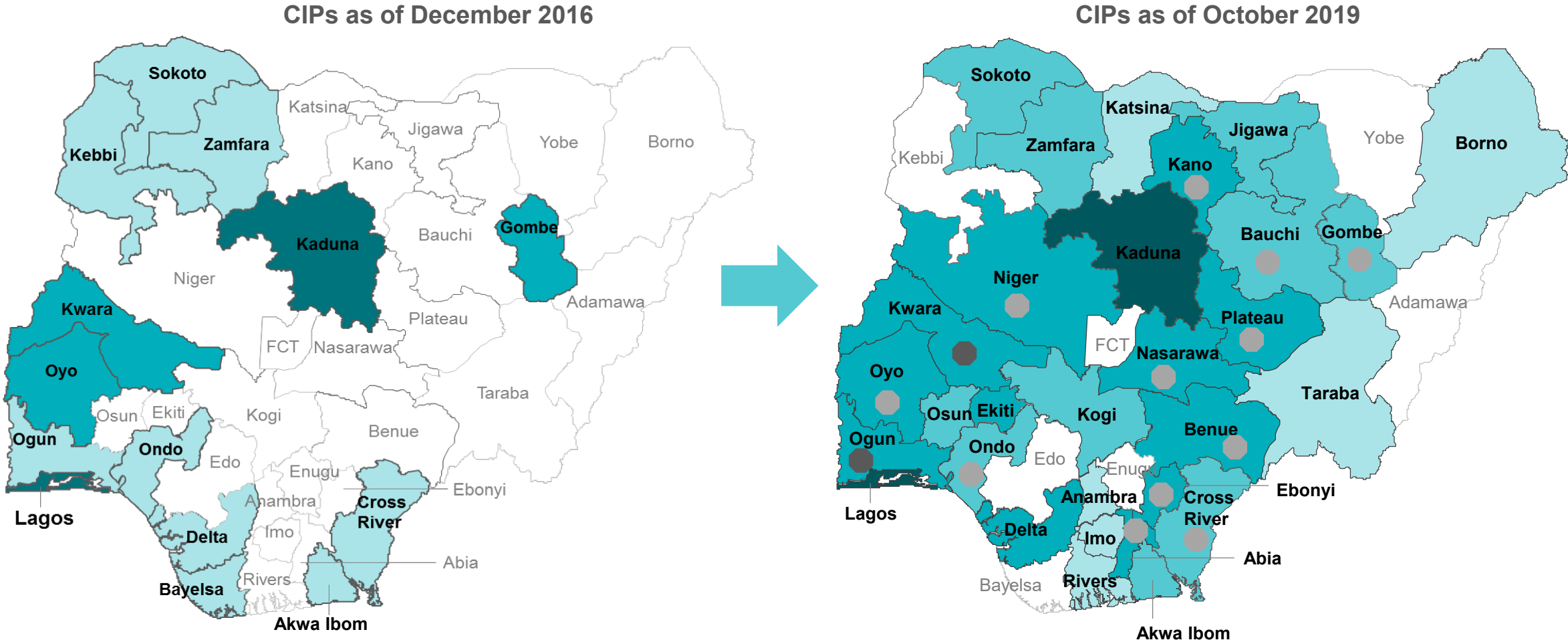


# CIPs have significantly scaled up from 2016-19

While most states in Nigeria have a CIP, 14 states have CIPs that have already expired or will expire in 2020.

ToC critical assumption

Targeted support of FMOH/SMoH strengthens donor coordination and CIPs



# Summary dashboard: Enabling environment

2019 brought both progress in TSP and CIP roll out across states as well as significant funding decreases at the national level.

2019 release of FP funds (in USD)

\$4M

Pending Federal disbursement

\$1,500

State-level disbursements

CIP progress 2016-19

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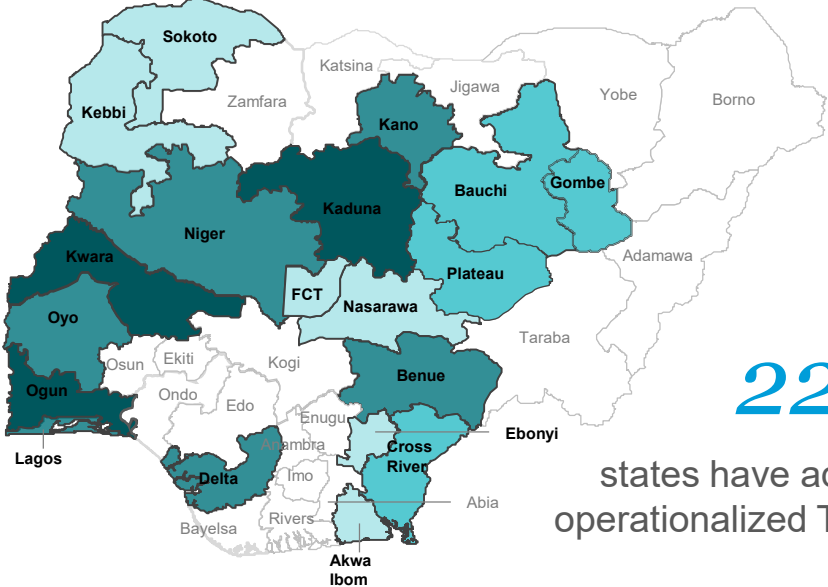
States have CIPs or are in the process of implementing CIPs

14

States have CIPs that have already expired or will expire in 2020

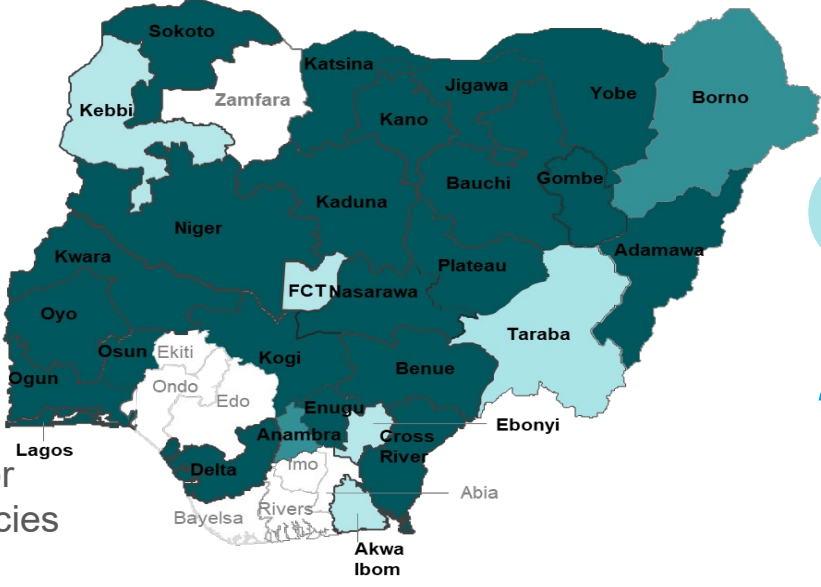
TSP progress 2017-2019

TSP as of December 2017



states have adopted or operationalized TSP policies

TSP as of December 2019



National meetings

4

Reproductive Health Technical Working Group (RHTWG) meetings were held in 2019 with over 60 organizations in attendance

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



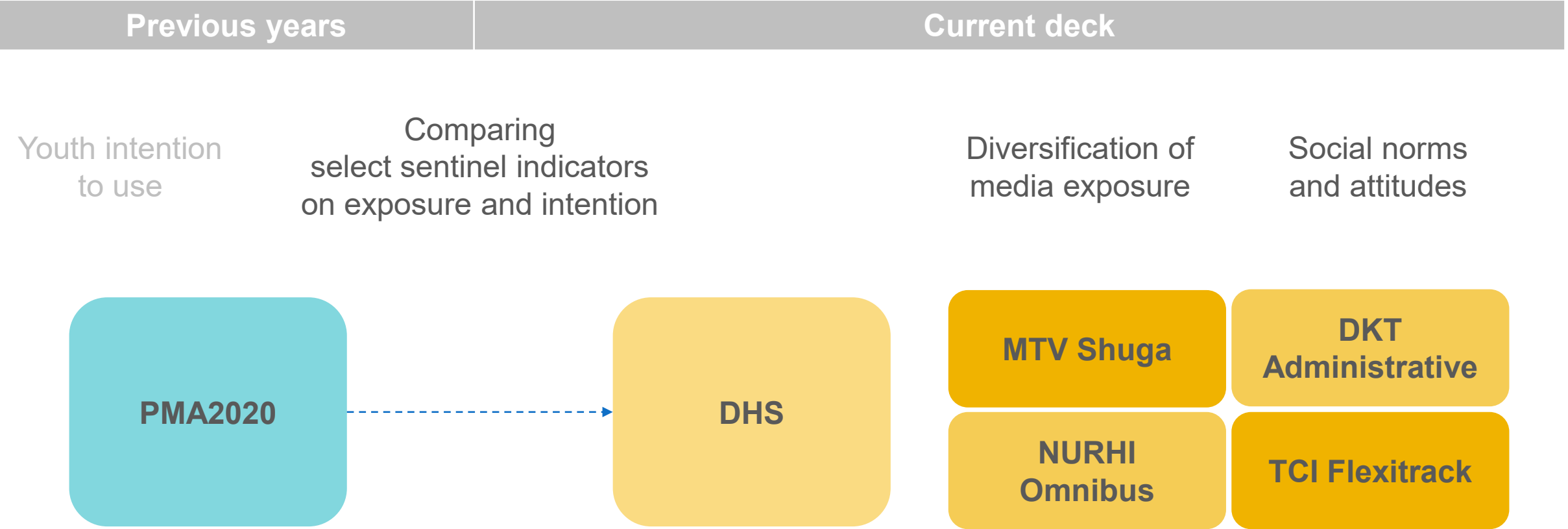
# **Demand generation**

*Nigeria findings*



# FP CAPE reviewed a variety of data sources to understand the demand generation environment

*Our previous sentinel indicator data, PMA 2020, was not available, giving us the opportunity to use a variety of other surveys and administrative data to understand the FP environment.*



# Demonstration models: Demand generation

Critical assumptions	Expected changes	2016-2018 data: PMA 2020	2018 progress (KAD/LAG)	Updated, similar data sources
<i>Demonstration models result in large scale social norms change</i>	Increased exposure to FP messages in focus states	▶ % of women exposed to FP messages through media and other channels	⊘ / ▲	▶ DHS ▶ MTV Shuga ▶ DKT Administrative data ▶ TCI Flexitrack
		▶ % of women who hear a community, religious or gov't leader speak favorably about FP	▶ No data	▶ NURHI Omnibus
	Increased intention to use FP	▶ % of all women who are not using a FP method who intend to use a method in the future	▲ / ▲	▶ DHS
		▶ % of youth (15-24) who are not using a FP method who intend to use a method in the future	▲ / ▲	▶ n/a
	Social norms change in focus states	▶ Women's self-efficacy scores (by age)	▶ No data	▶ NURHI Omnibus
	Incorrect beliefs about FP	▶ n/a		▶ NURHI Omnibus ▶ MTV Shuga



No change



Increasing



Decreasing

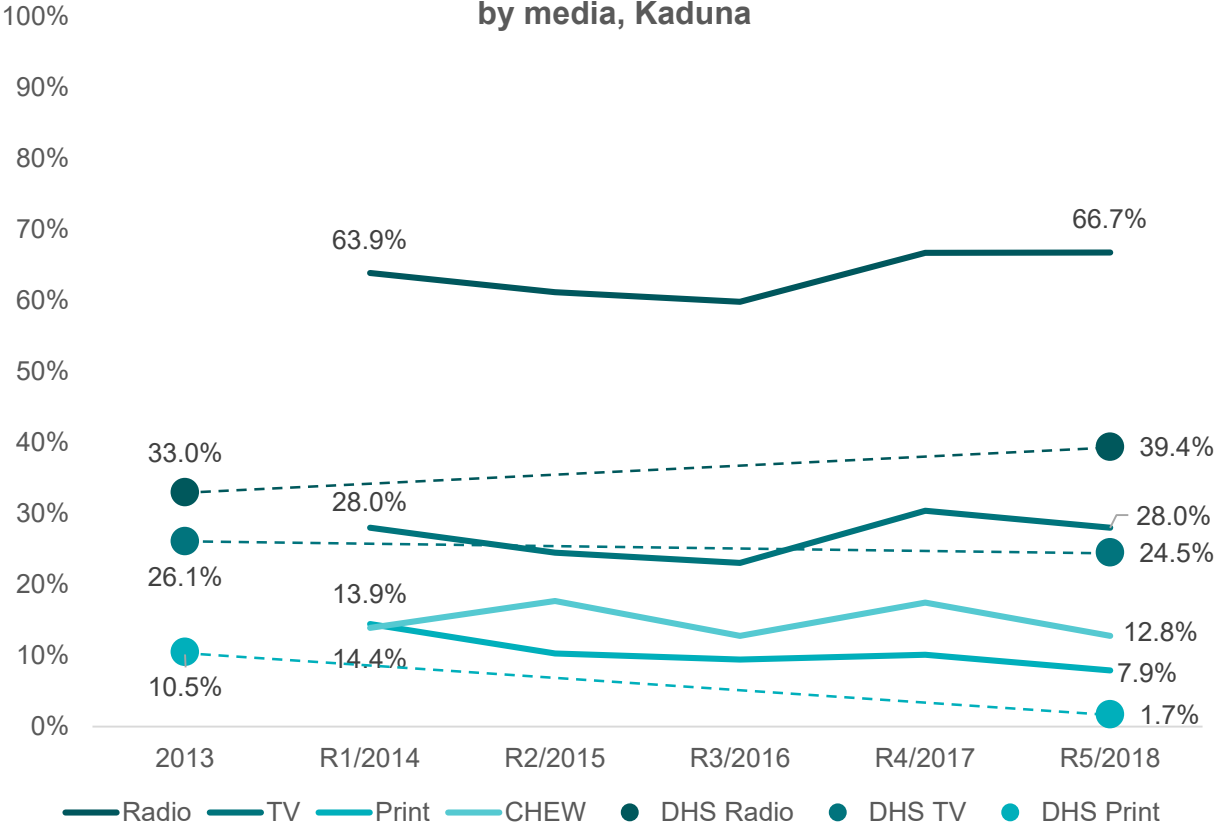
# Exposure to FP messages by media source

*Women's exposure to FP messages has stayed about the same for most media/outreach types in Kaduna. In Lagos, exposure to FP messages on radio and TV has declined in DHS data but increased generally in PMA2020 data.*

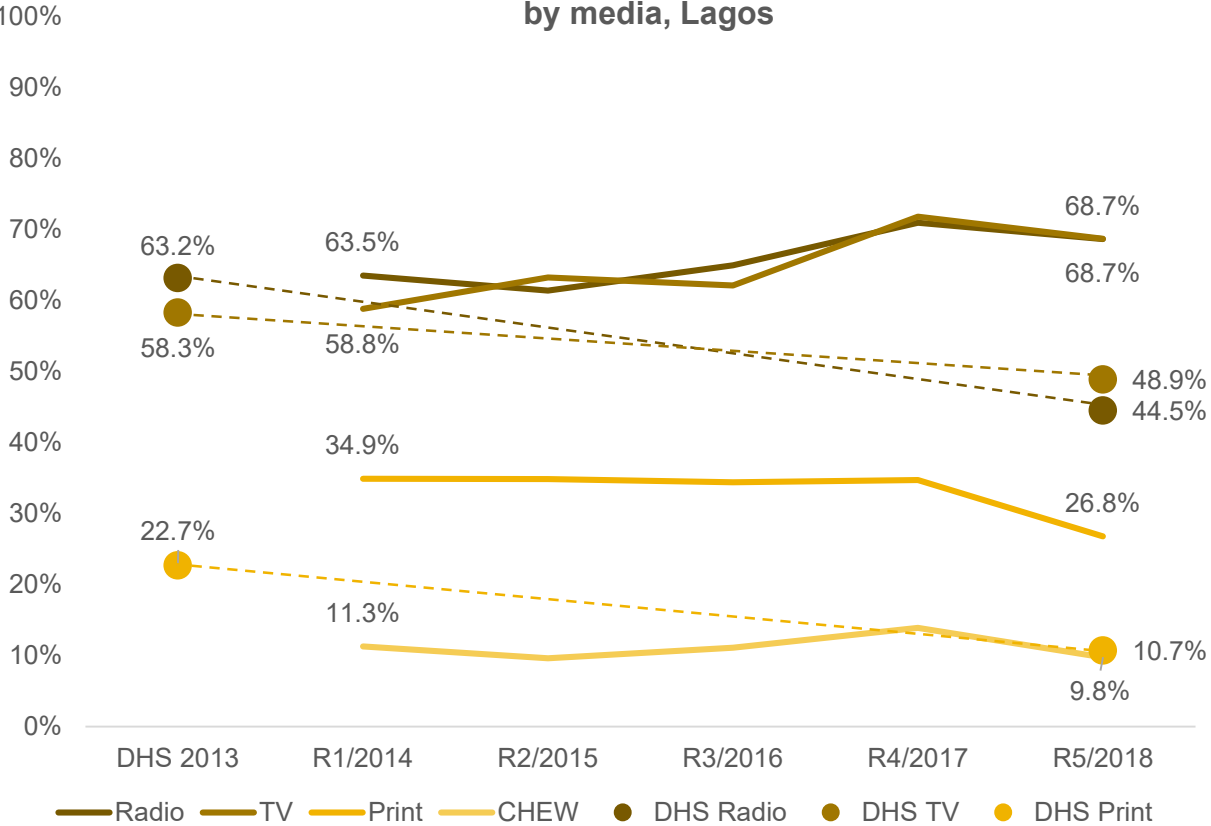
ToC critical assumption

Demonstration models result in large scale social norms change

Percent of women exposed to FP messages, by media, Kaduna



Percent of women exposed to FP messages, by media, Lagos

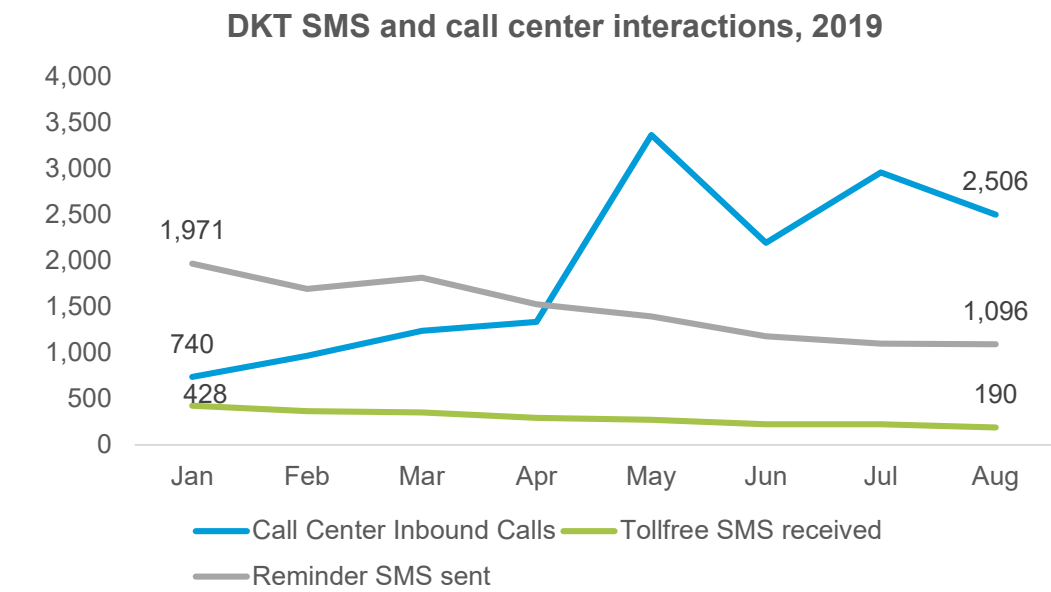
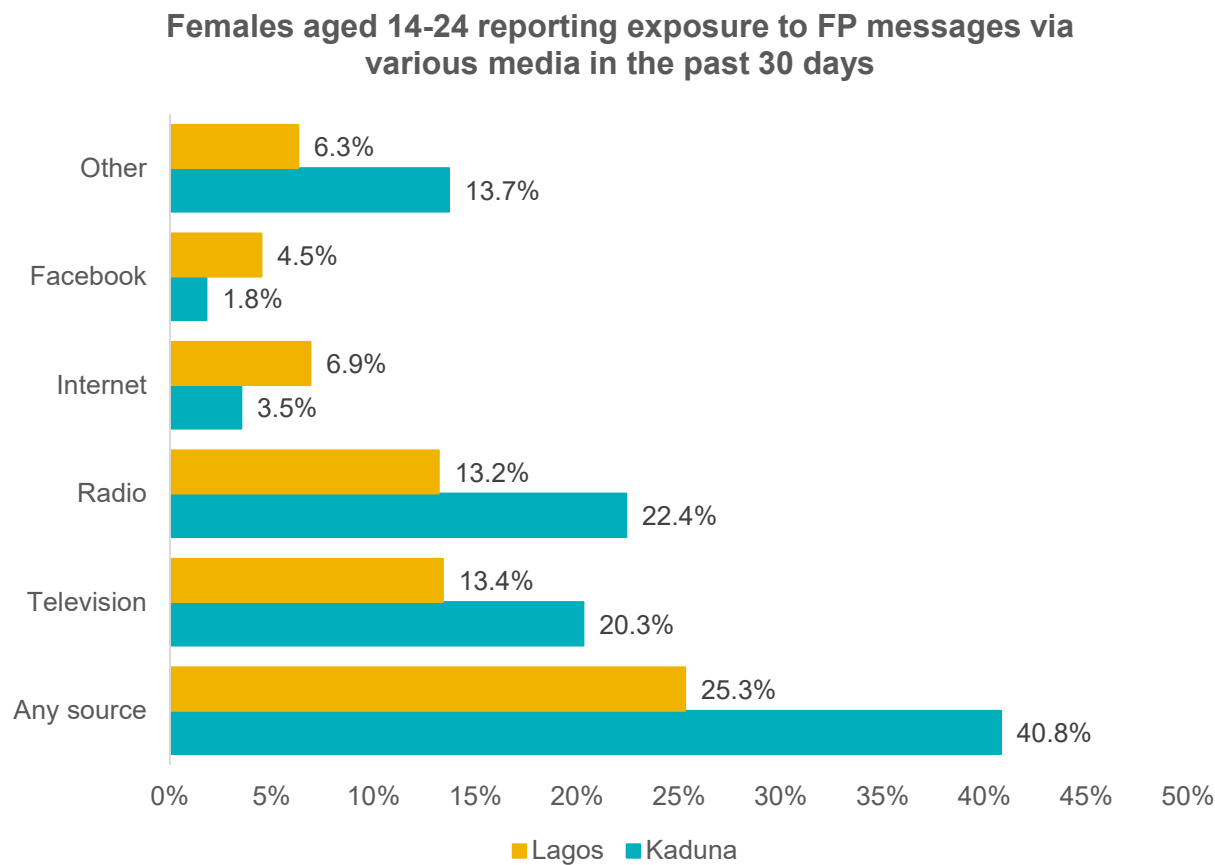


# Different grantees are experimenting with ways to increase exposure to FP messaging

*SMS, call centers, TV shows, and social media are all actively used to spread FP information.*

ToC critical assumption

Demonstration models result in large scale social norms change



11.0%

Of females in Kano ages 14-24 have heard of MTV Shuga

40.7%

Of respondents in 10 TCI districts report exposure to any FP messaging

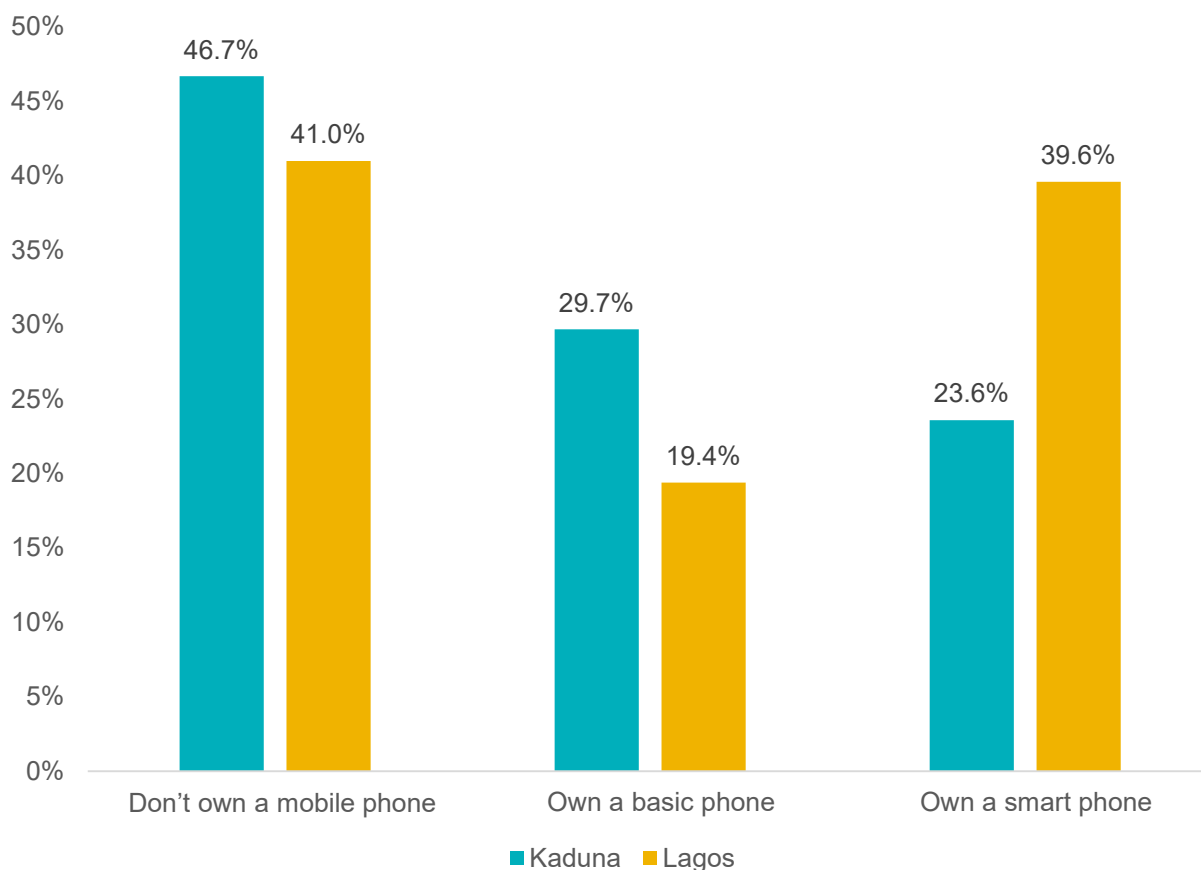
# Youth mobile phone and social media exposure

*About half of female youth (ages 14-24) have a phone. Facebook and WhatsApp are the most commonly used forms of social media.*

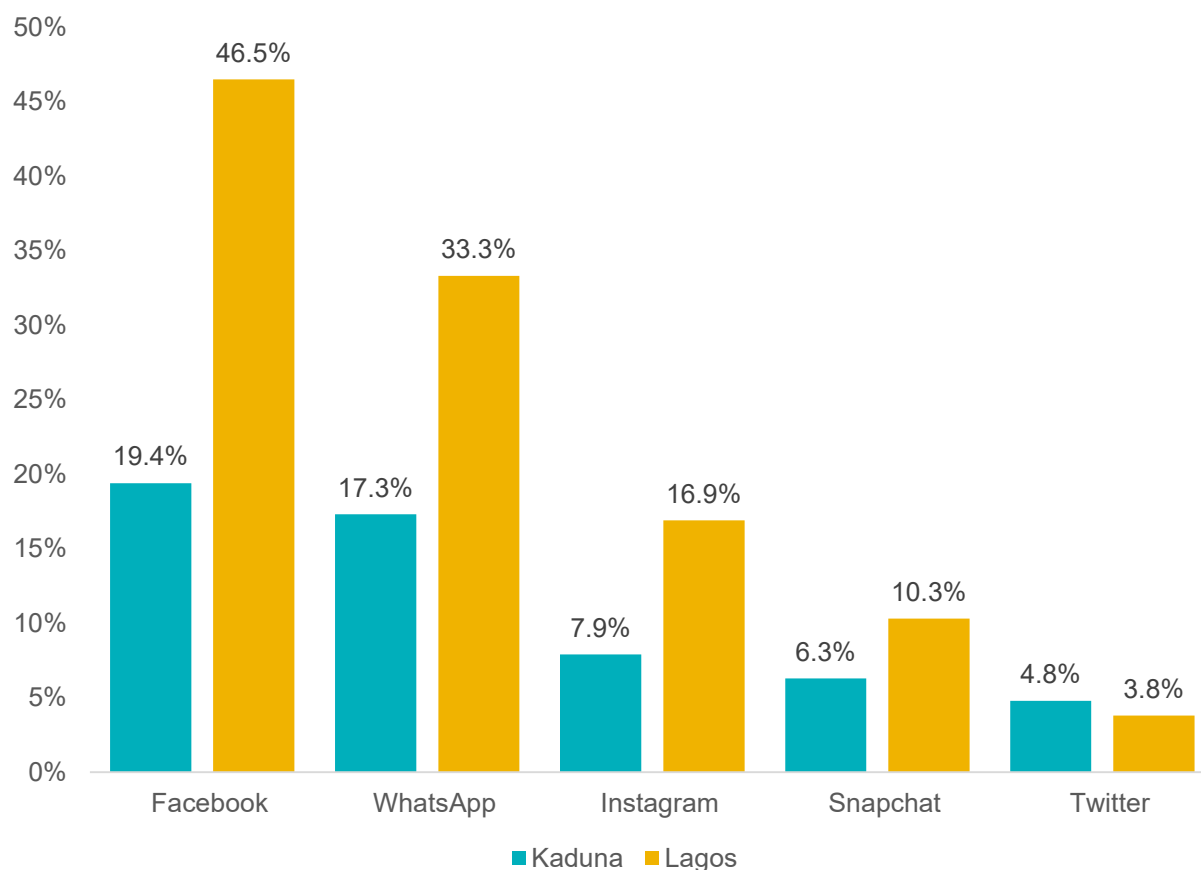
ToC critical assumption

Demonstration models result in large scale social norms change

Cellphone ownership among young women ages 14-24



Young women ages 14-24 reporting ever using social media



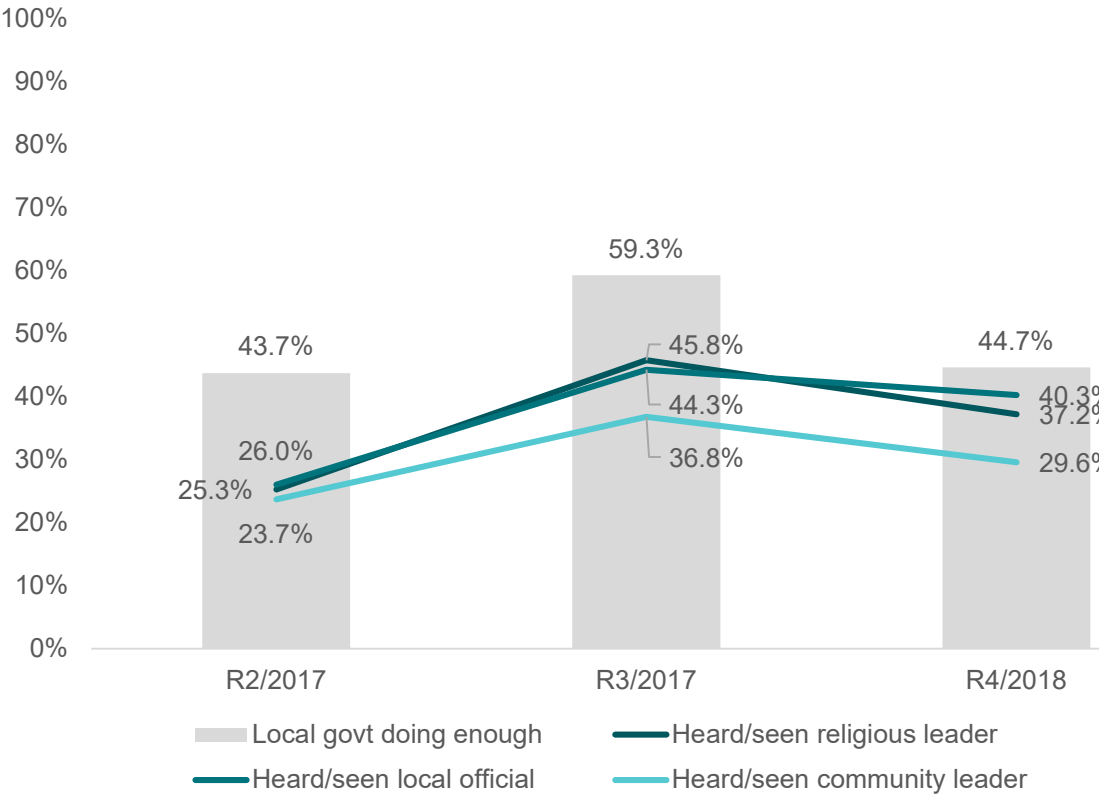
# Hearing positive messages from leaders is correlated with belief that gov't is doing enough

*Exposure to positive FP messages from local leaders has increased since 2017 in both states.*

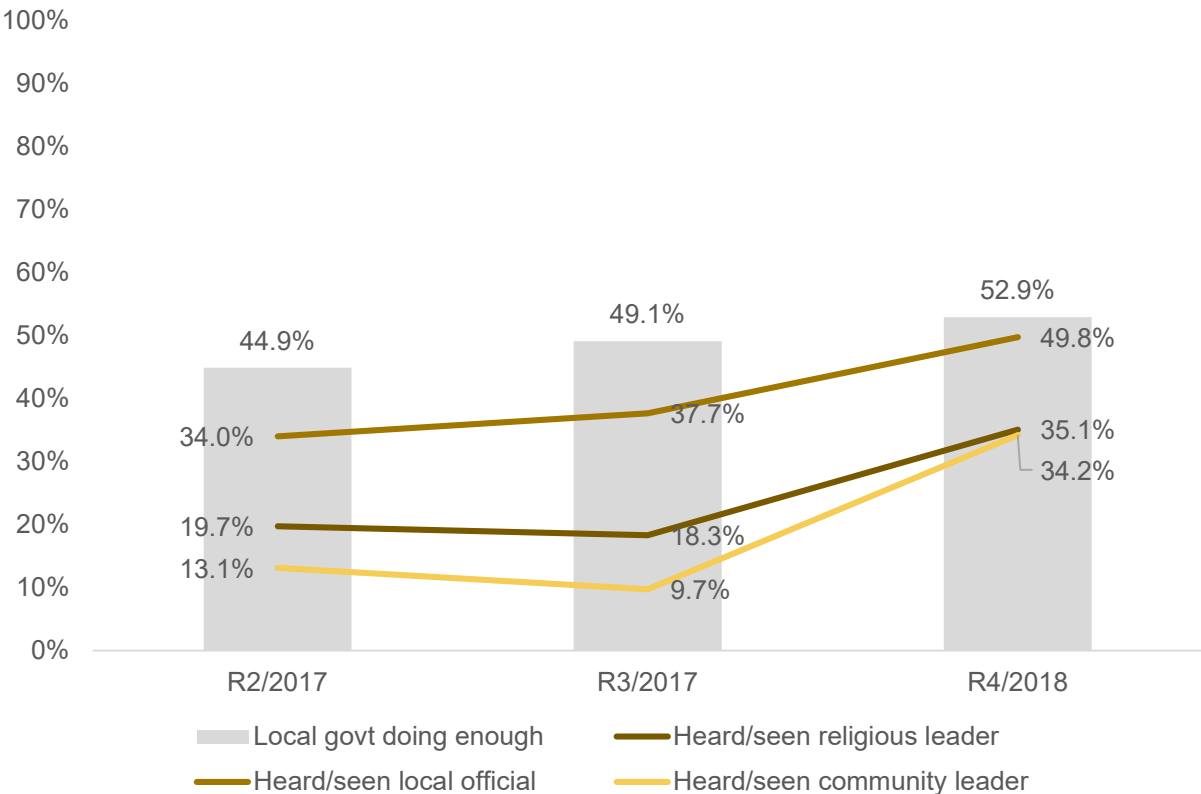
ToC critical assumption

Demonstration models result in large scale social norms change

Have you heard/seen a positive family planning message from community leaders and belief that local government officials are doing enough for FP, Kaduna



Have you heard/seen a positive family planning message from community leaders and belief that local government officials are doing enough for FP, Lagos

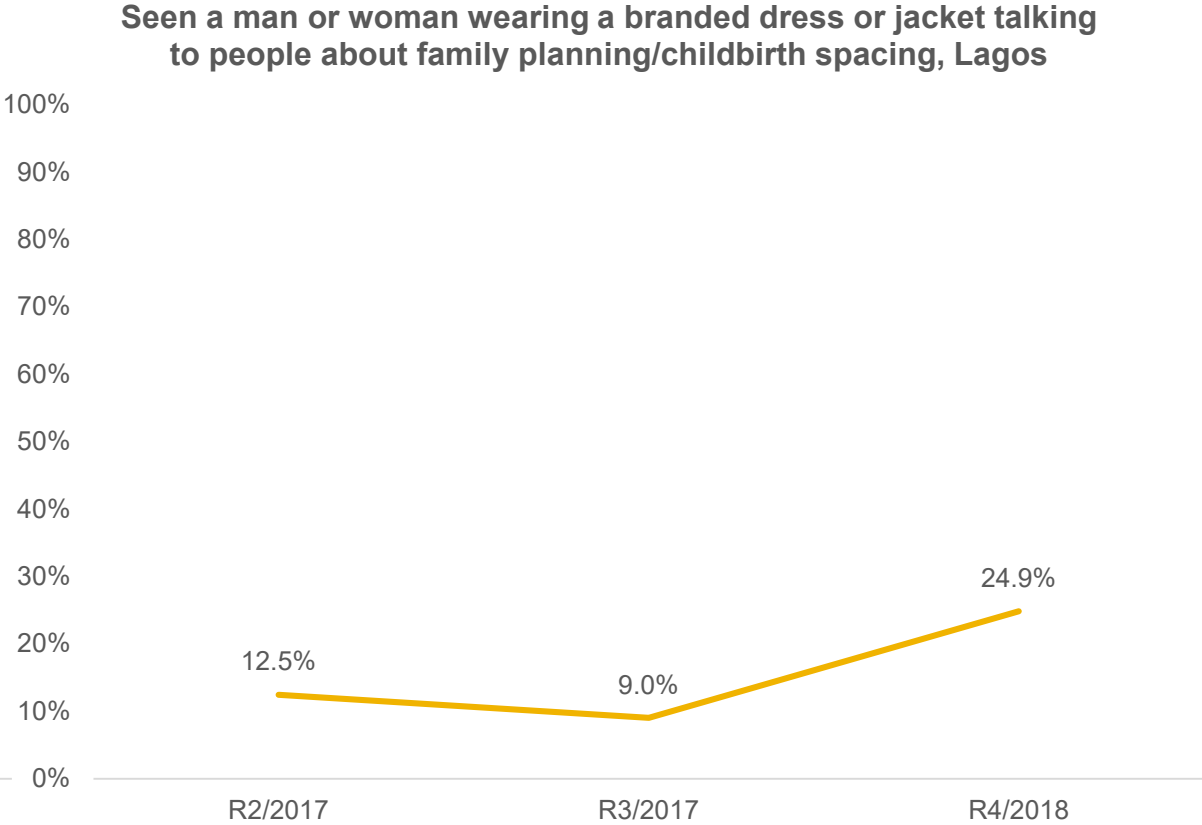
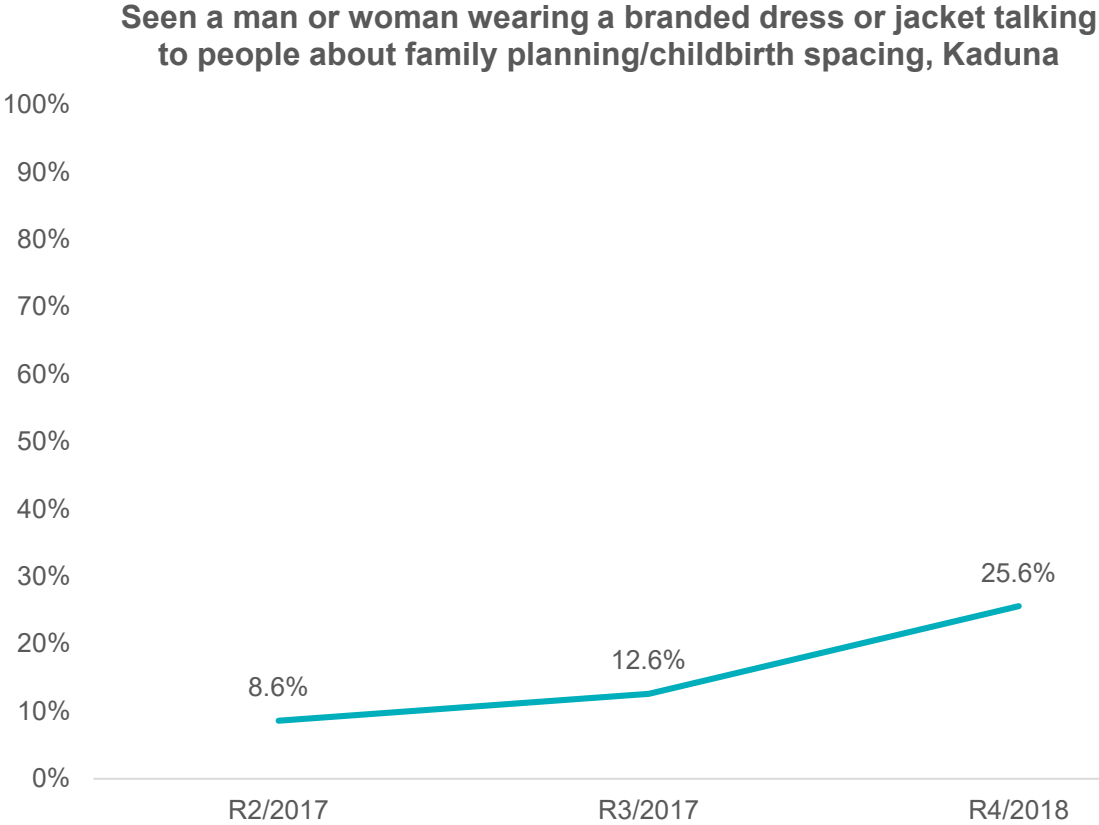


# More FP community engagement workers have been noticed in action in recent years

About one in four respondents have noticed a uniformed FP worker engaging with the community.

ToC critical assumption

Demonstration models result in large scale social norms change

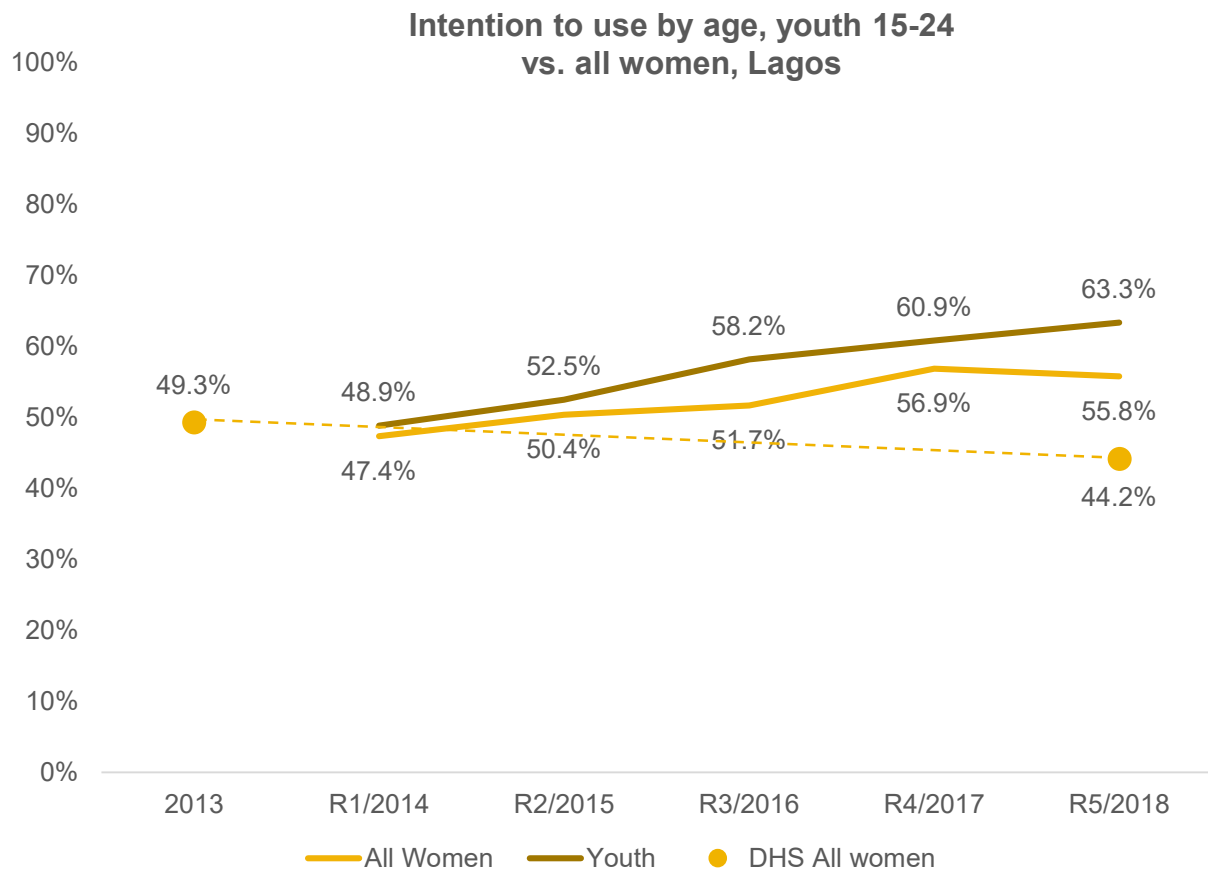
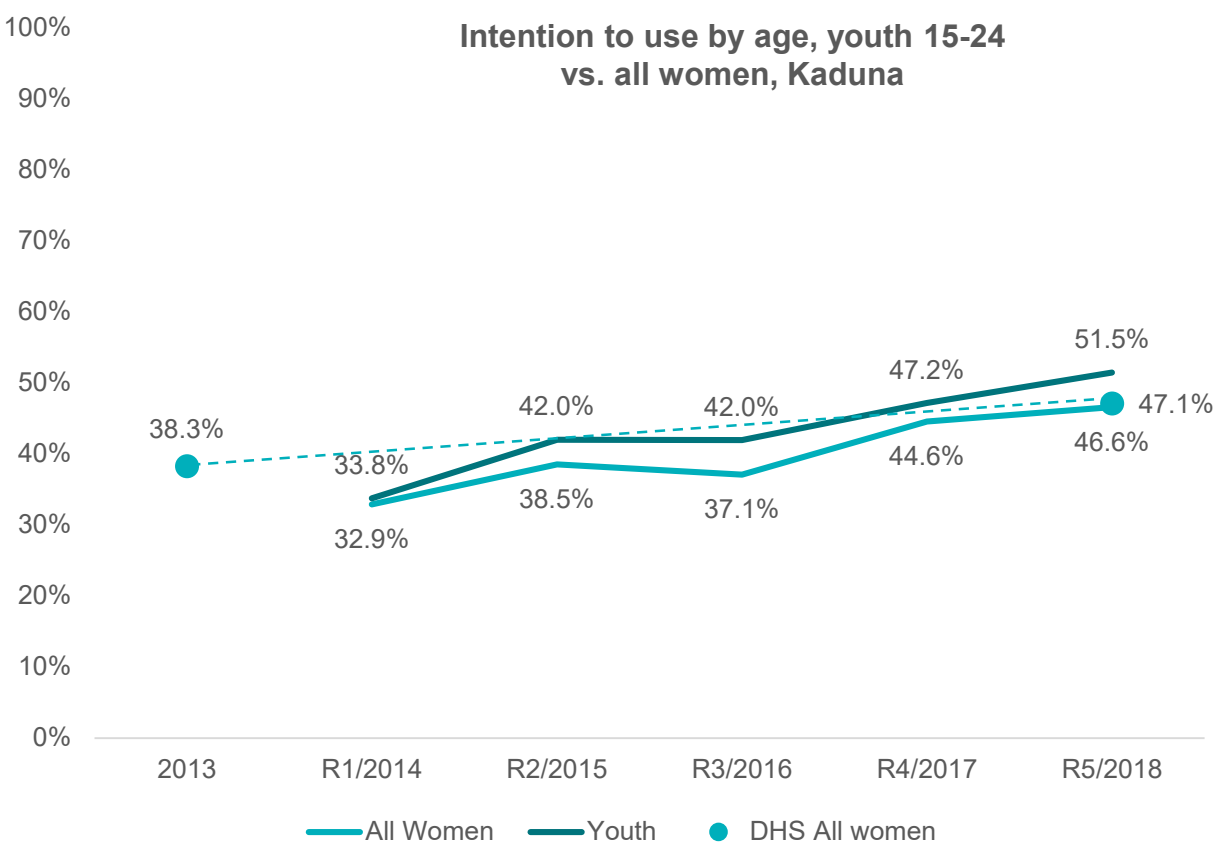


# Intention to use FP among all women and youth

*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





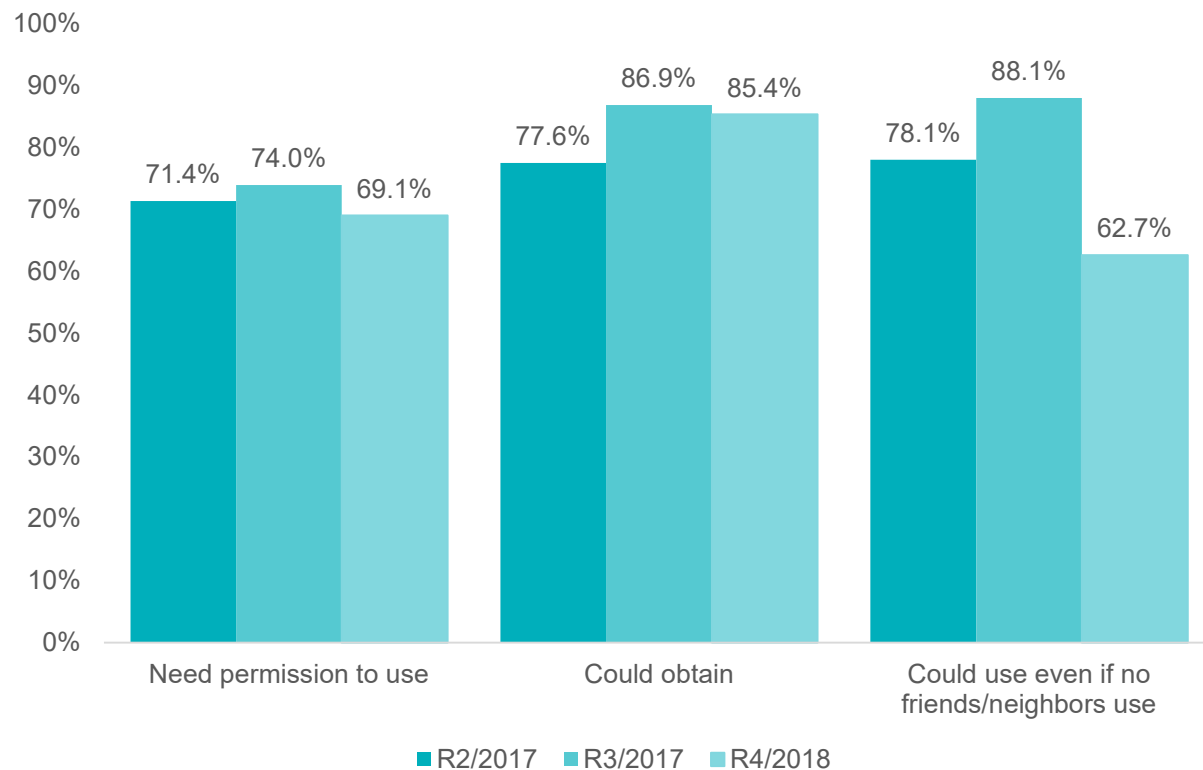
# While 2/3 of women believe they need permission to use FP, most also think they can obtain and use

*Most women in Kaduna and Lagos believe they could obtain and use FP even if none of their friends or neighbors were using it.*

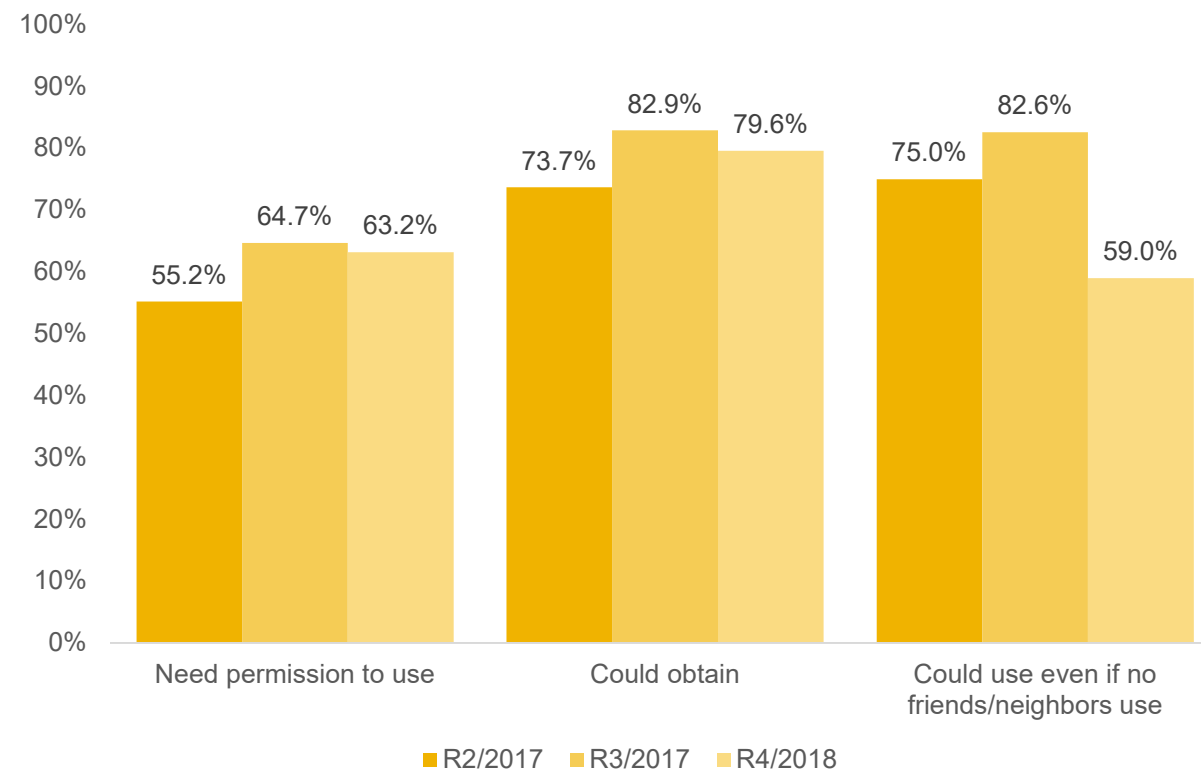
ToC critical assumption

Demonstration models result in large scale social norms change

Percent of women who hold these beliefs about FP use, Kaduna



Percent of women who hold these beliefs about FP use, Lagos

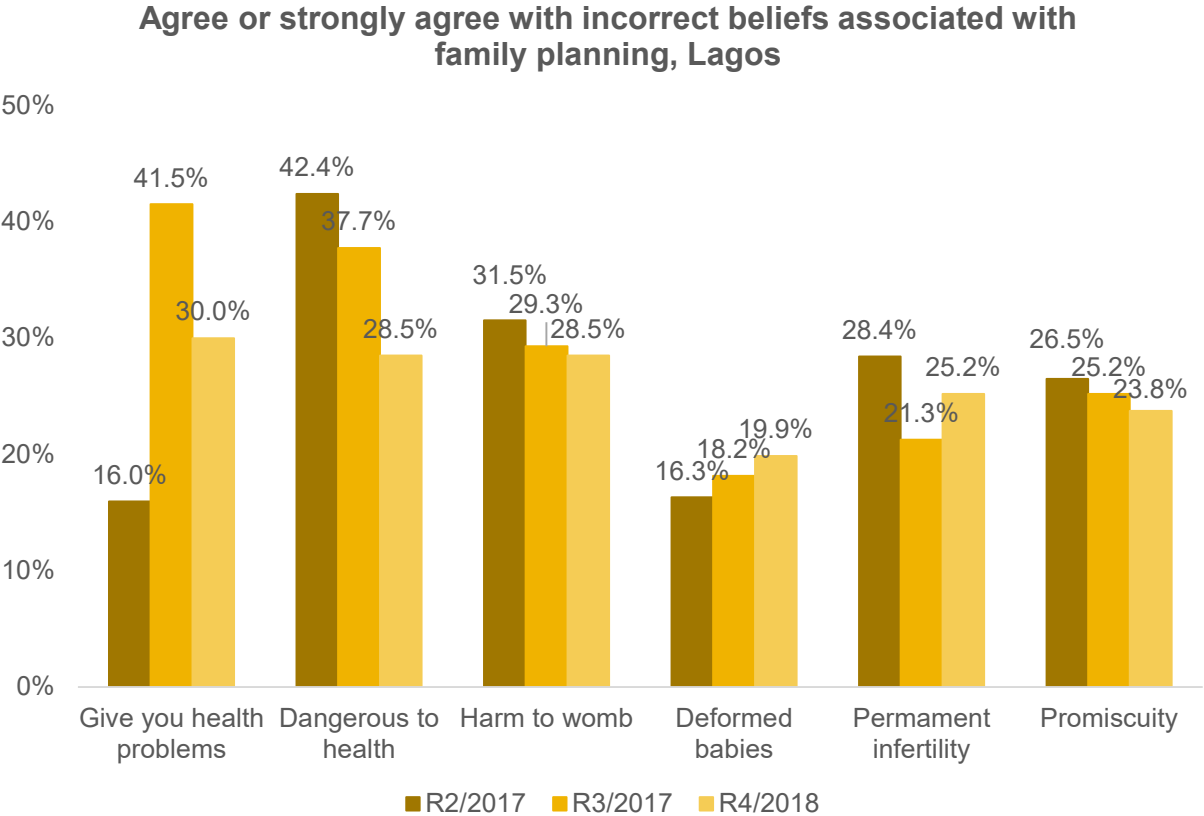
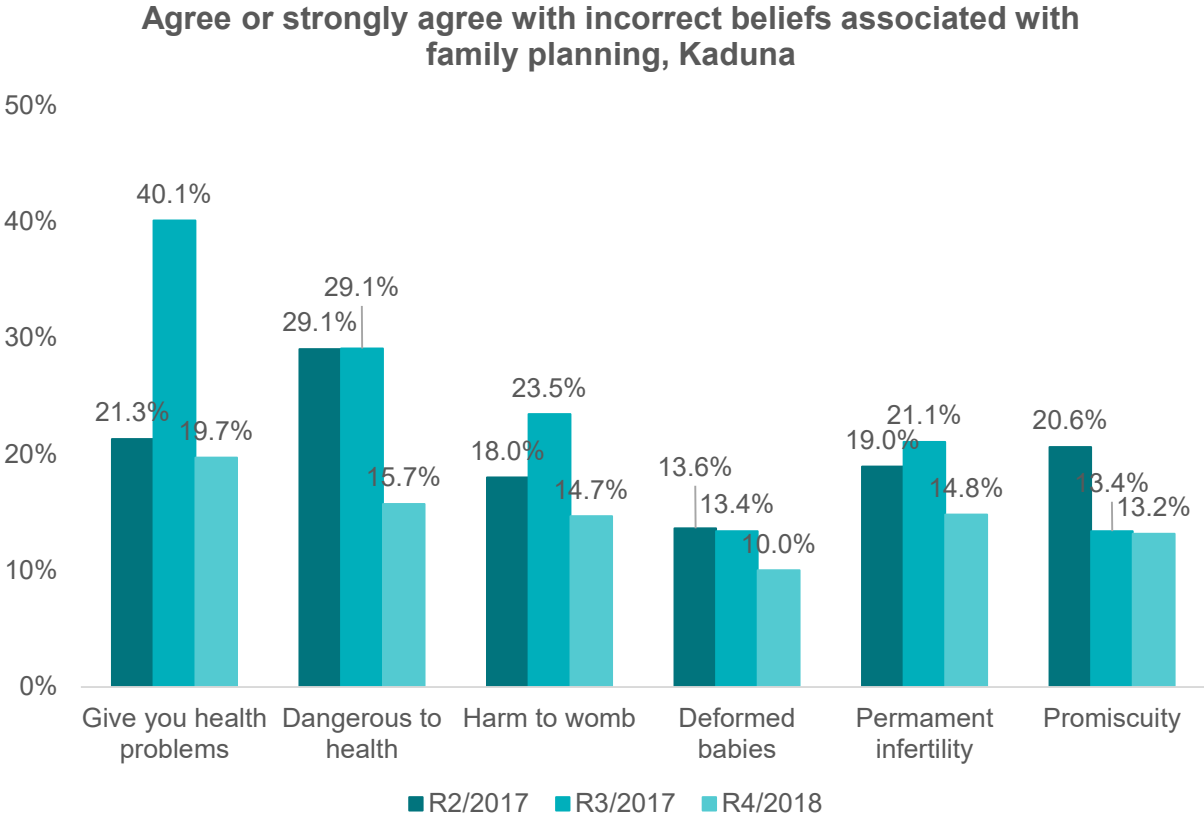


# Generally, women’s incorrect beliefs about FP’s health and social impacts are declining

*The most FP misconceptions center around health problems.*

ToC critical assumption

Demonstration models result in large scale social norms change

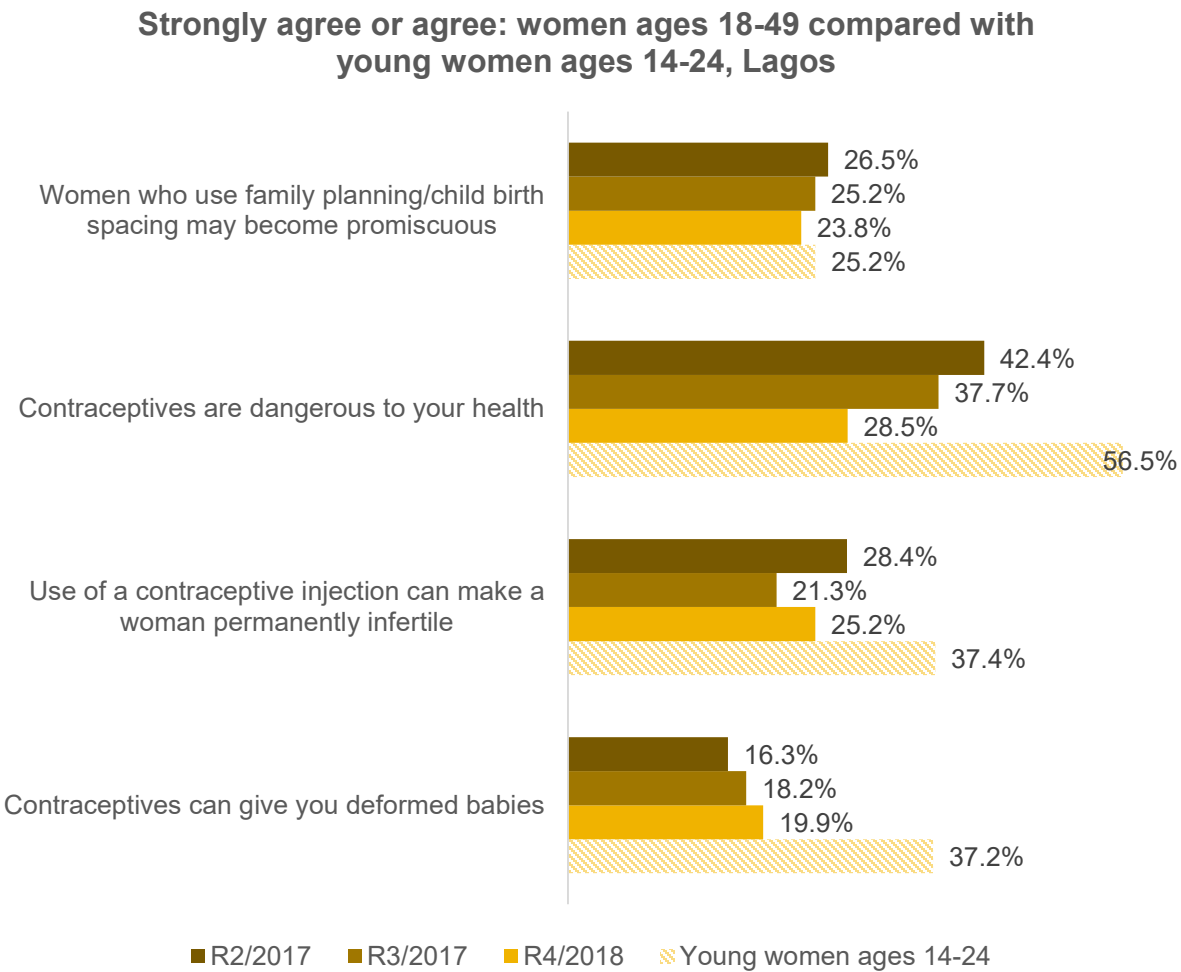
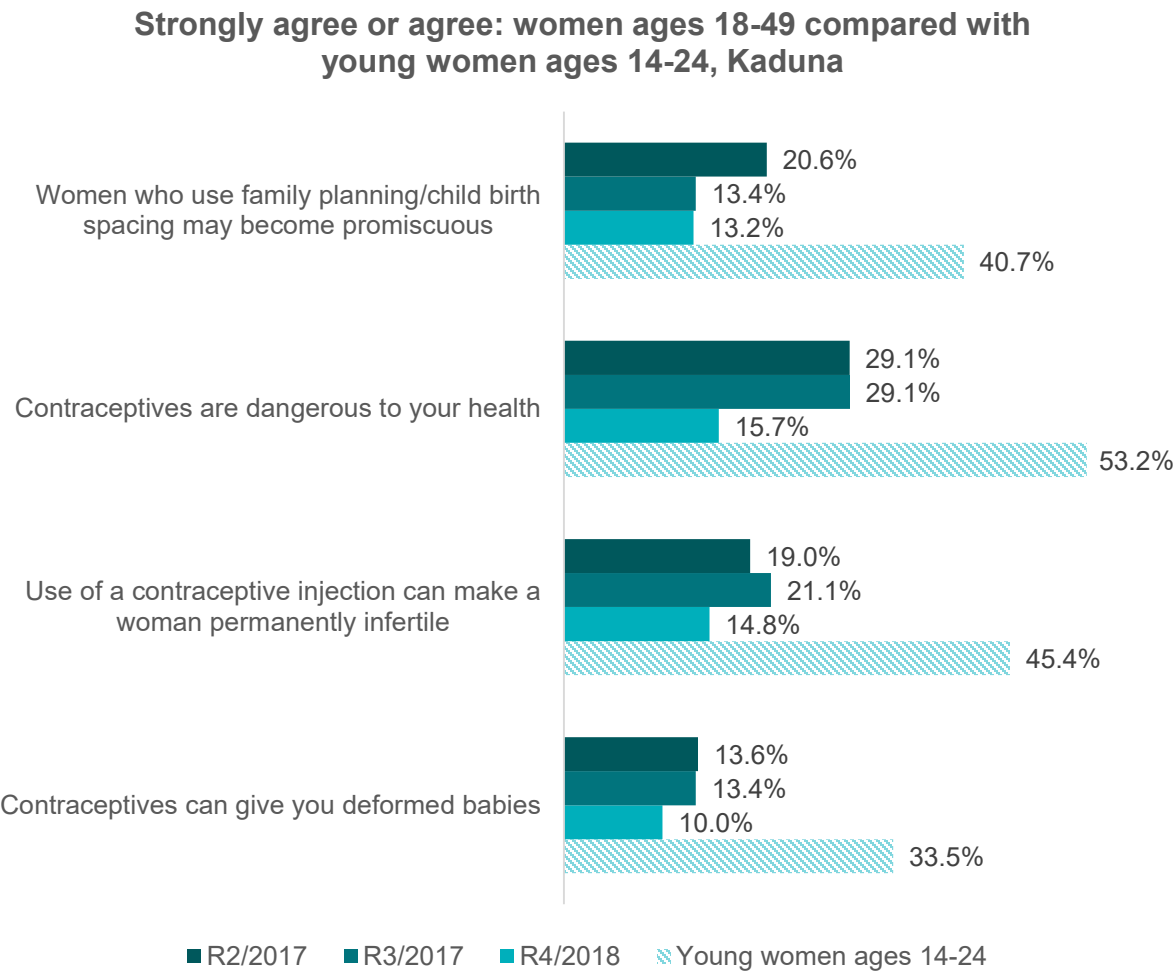


# False beliefs about FP are higher among youth

*In general, young women (ages 14-24) have more misconceptions about family planning than women (ages 18-49).*

ToC critical assumption

Demonstration models result in large scale social norms change

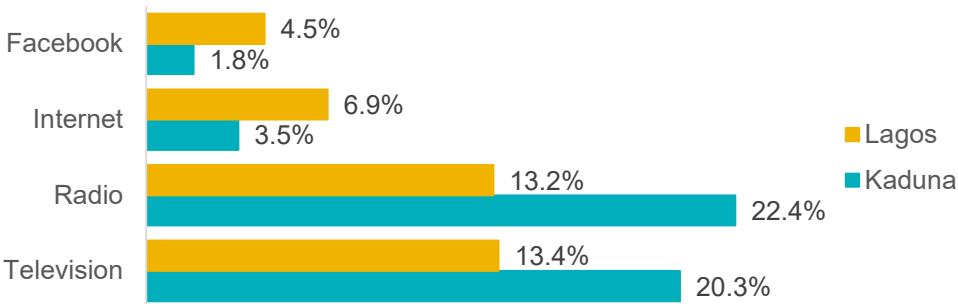


# Summary dashboard: Demand generation

Mass media exposure to FP messaging is fairly stable. Grantees are expanding to use social media and community engagement to spread FP information. Misconceptions about FP are common, particularly among youth.

## Youth exposure to media

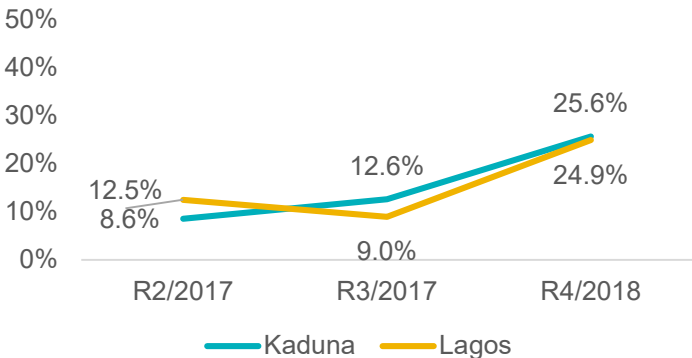
Females aged 14-24 reporting exposure to FP messages via various media in the past 30 days



Youth in Kaduna see FP messaging on TV and Radio more than those in Lagos, where internet exposure is higher.

## FP community engagement

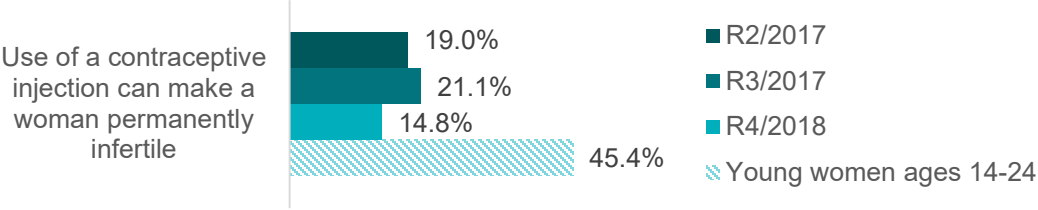
Seen a man or woman wearing a branded dress or jacket talking to people about family planning/childbirth spacing, Kaduna



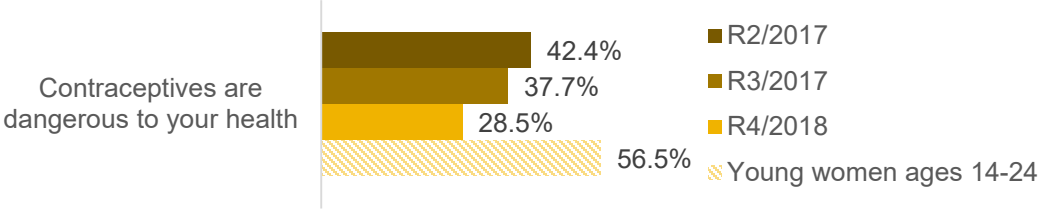
Exposure to FP workers is on the rise; 25% of respondents reported noticing a uniformed FP worker in the community.

## Misconceptions about FP

Strongly agree or agree: women ages 18-49 compared with young women ages 14-24, Kaduna



Strongly agree or agree: women ages 18-49 compared with young women ages 14-24, Lagos



A greater proportion of youth (14-24) have misconceptions about FP than all women.

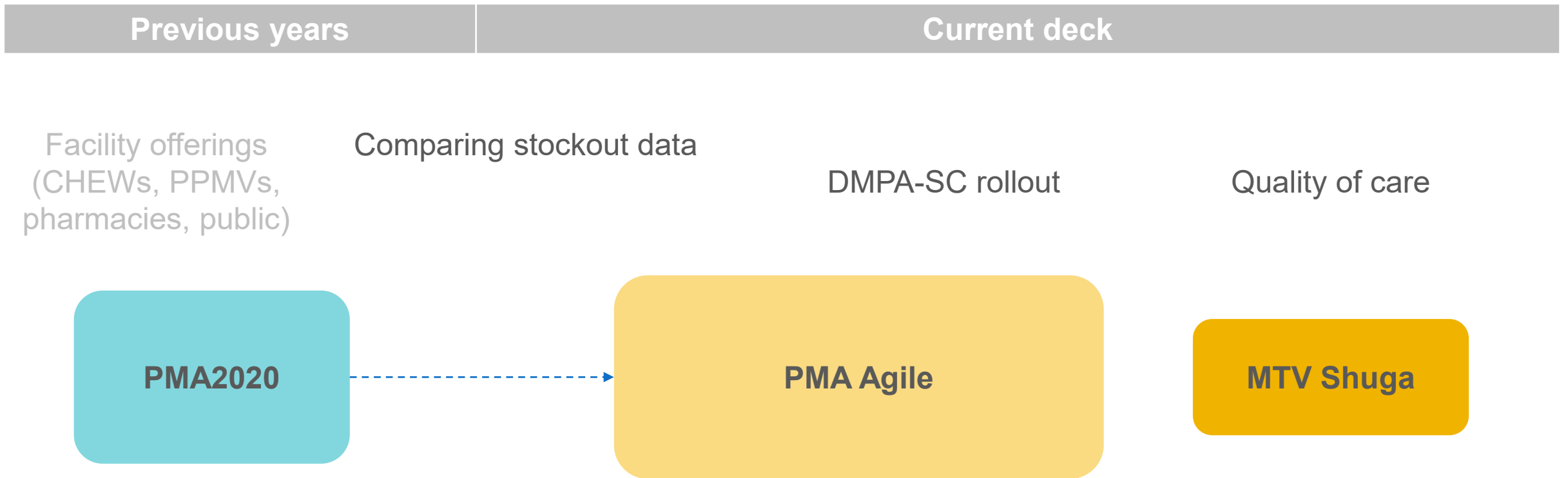


## **Service delivery**

*Nigeria findings*

# This year we took a deeper dive into stockout data

*PMA Agile data gives us more frequent data points throughout the year. Its focus on Lagos, Ogun, and Kano allow us to widen our lens, given the expansion of FP work to more states.*



# Demonstration models: Service delivery

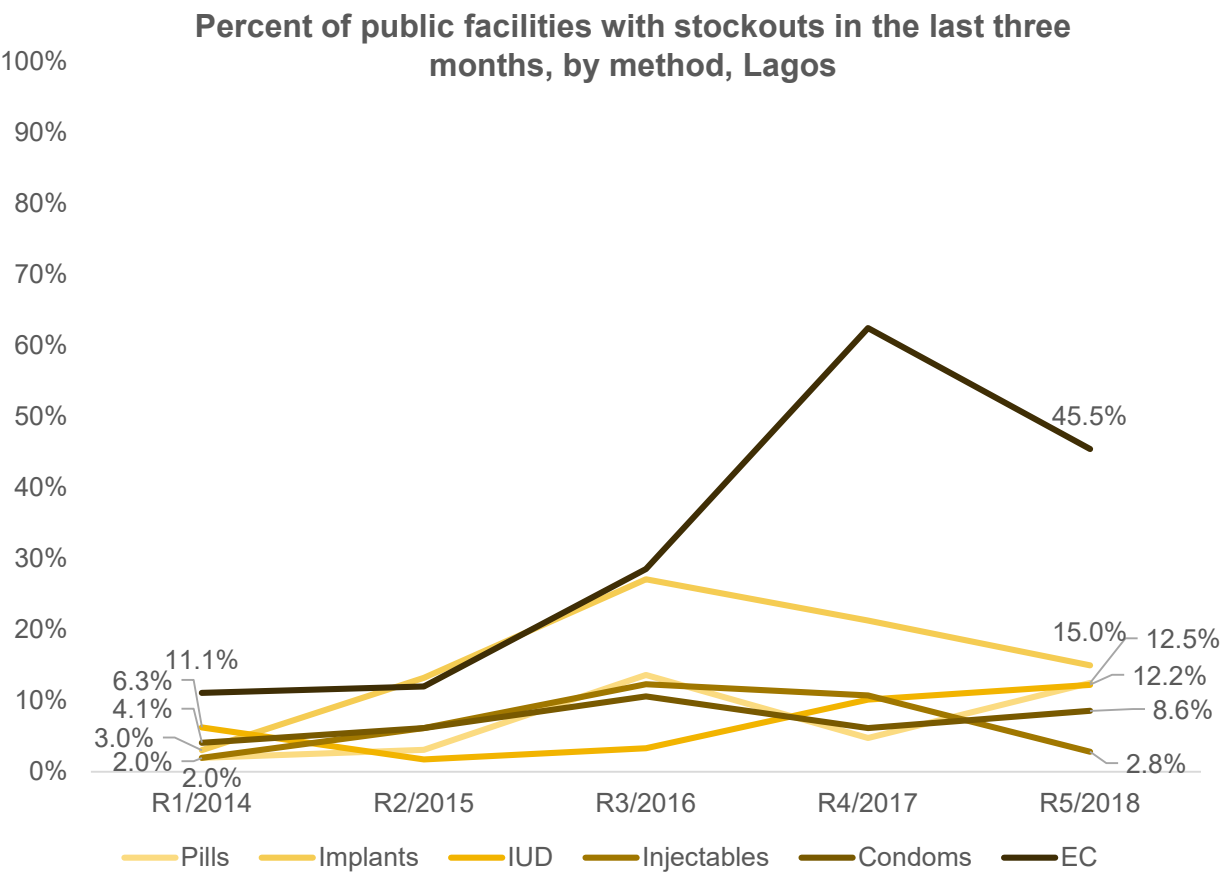
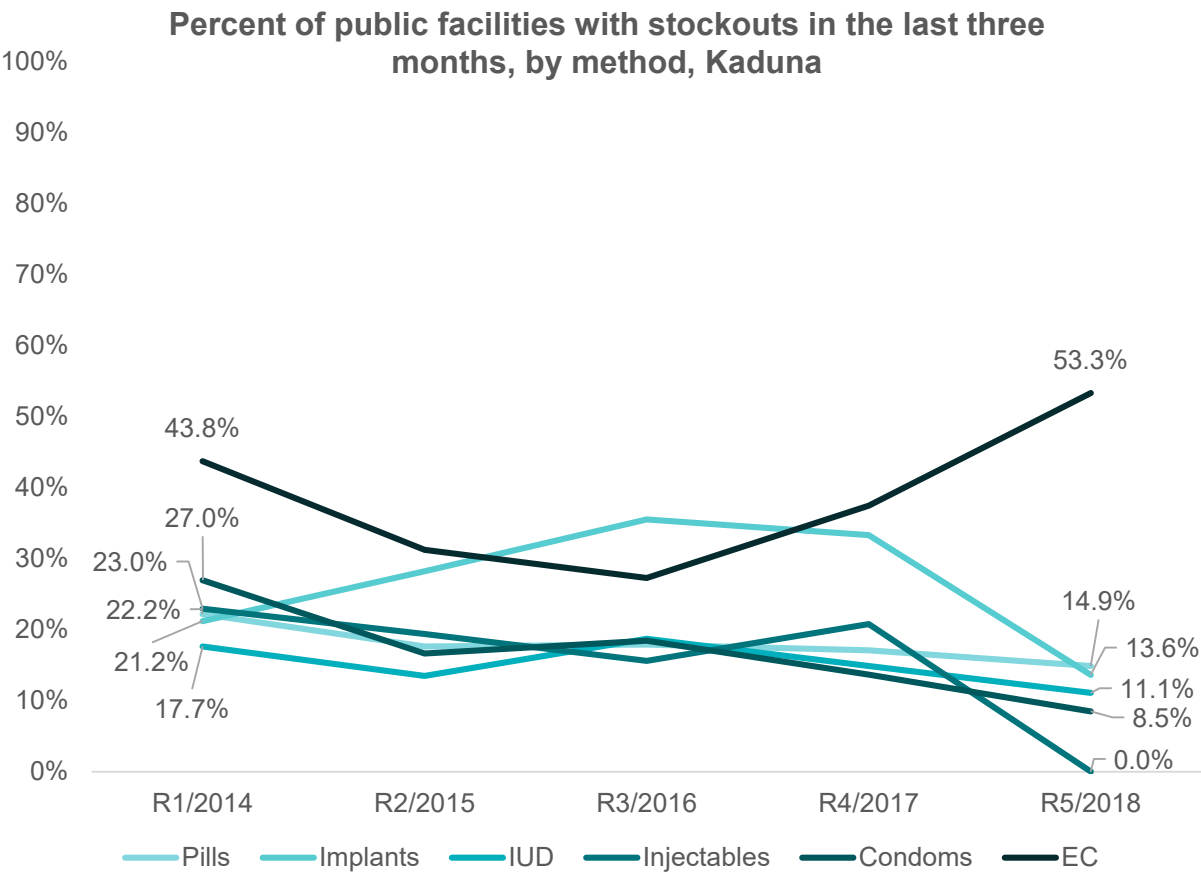
Critical Assumptions	Expected changes	2016-2018 data: PMA 2020	2018 progress (KAD/LAG)	Updated, similar data sources
<i>PHC service-delivery models increase quality and access to services</i>	Access to services is increased in focus states	▸ % of facilities offering at least five modern contraceptive methods	▲ / ○	▸ n/a
		▸ % of public facilities with CHEWs that provides FP	○ / ○	▸ n/a
		▸ % of women visited by community health workers for FP	○ / ○	▸ n/a
		▸ % of PPMVs offering modern FP methods	○ / ○	▸ n/a
		▸ % of women who obtained their most recent method from pharmacy/drug shop	○ / ○	▸ n/a
		▸ % of public facility with stockouts in the last 3 months, by method	▼ / ▼	▸ PMA Agile
	Quality of services increased in focus states	▸ % of women counseled on side effects	▲ / ○	▸ PMA Agile ▸ PMA 2020 ▸ MTV Shuga
<i>Introduction of new methods generates new demand</i>	Increased demand for DMPA-SC, especially among youth	▸ % of women using DMPA-SC (among all women and youth ages 15-24)	▼ / ▼	▸ PMA Agile

# Previous stockout data trends

*In PMA2020 we see fluctuating stockouts of most methods with a decline in stockouts in the most recent surveys in general, especially for implants and injectables.*

ToC critical assumption

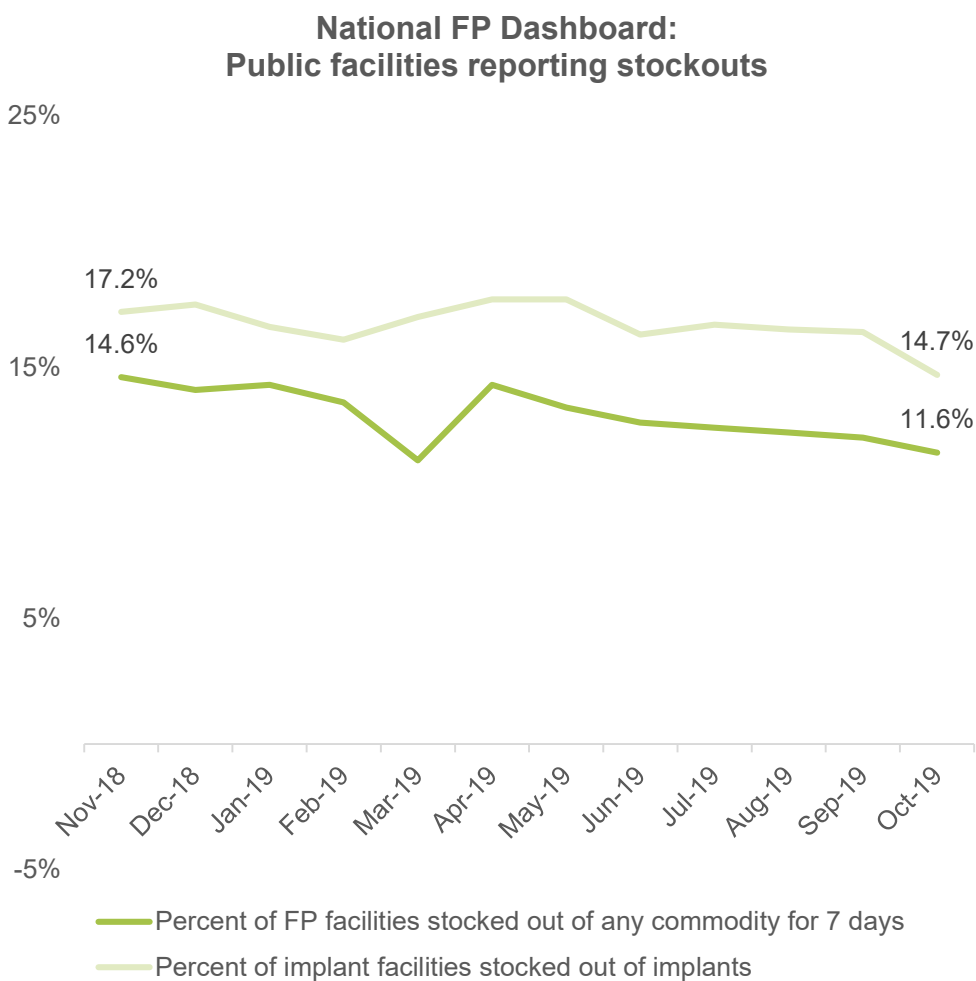
PHC service-delivery models increase quality and access to services





# Several initiatives focus on increasing data frequency

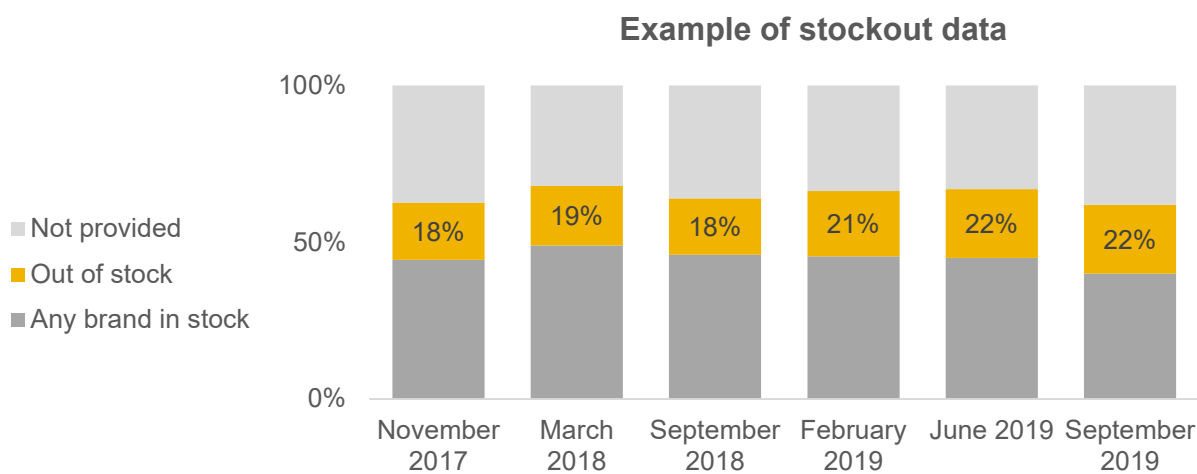
*The National FP Dashboard and the PMA Agile SDP data provide stockout data at multiple times throughout the year, allowing FP stock levels to be more closely managed.*



- ▶ While the aggregate national stockout data (left) is relatively consistent, it hides individual fluctuations by method and facility type
- ▶ This deck uses the stockout data from PMA Agile (below), which gives us greater detail:
  - ▶ Identifies percentage of facilities who don't provide method
  - ▶ Allows breakout by type of FP and type of facility
  - ▶ Reported stockout is calculated as:

SDPs stocked out of method

SDPs that do not provide method + SDPs stocked out of method + SDPs with method in stock

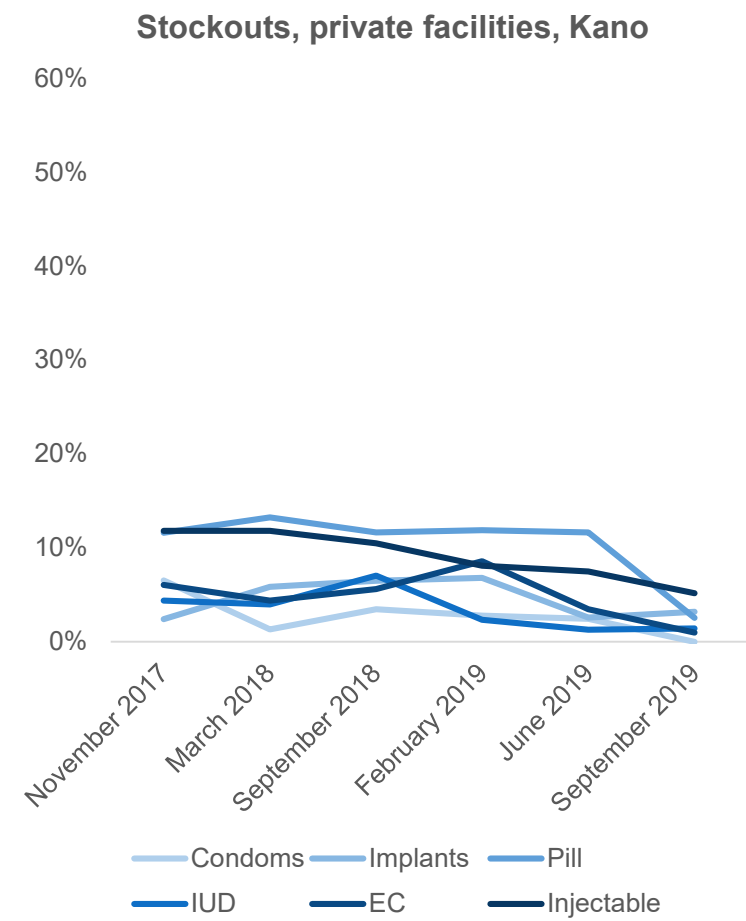
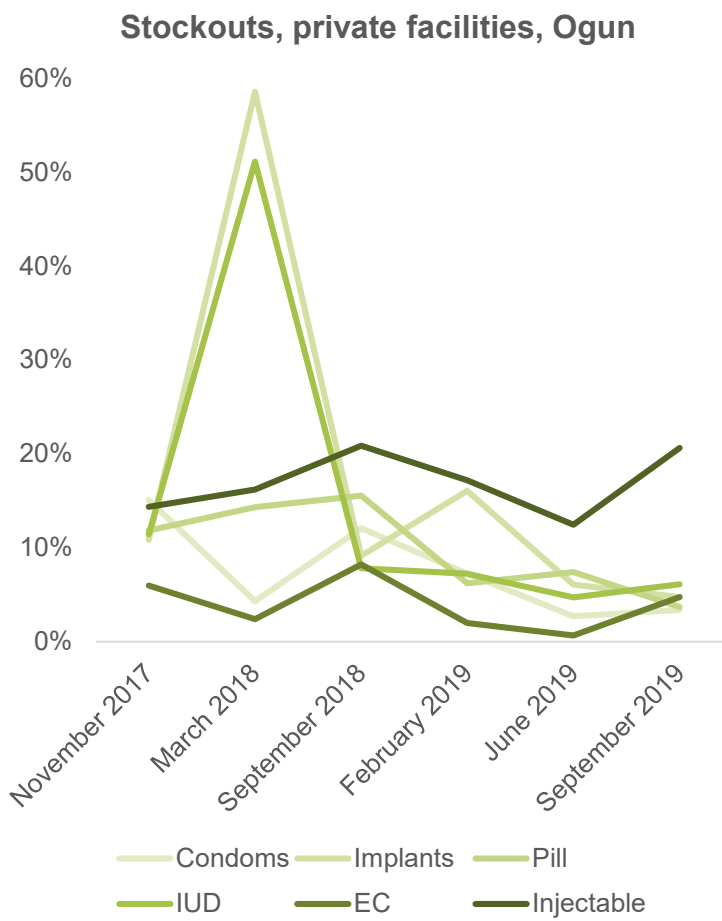
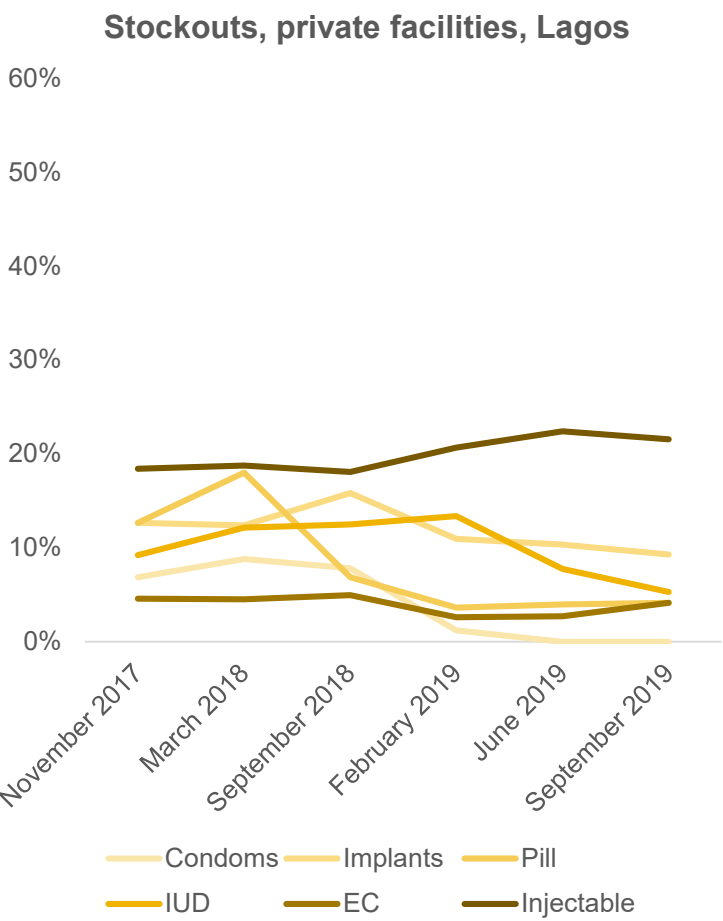


# Private facilities saw decreased stockouts in 2019

*Private facilities experienced decreased stockouts in 2019 for most methods except for injectables and EC in Lagos and Ogun.*

ToC critical assumption

PHC service-delivery models increase quality and access to services

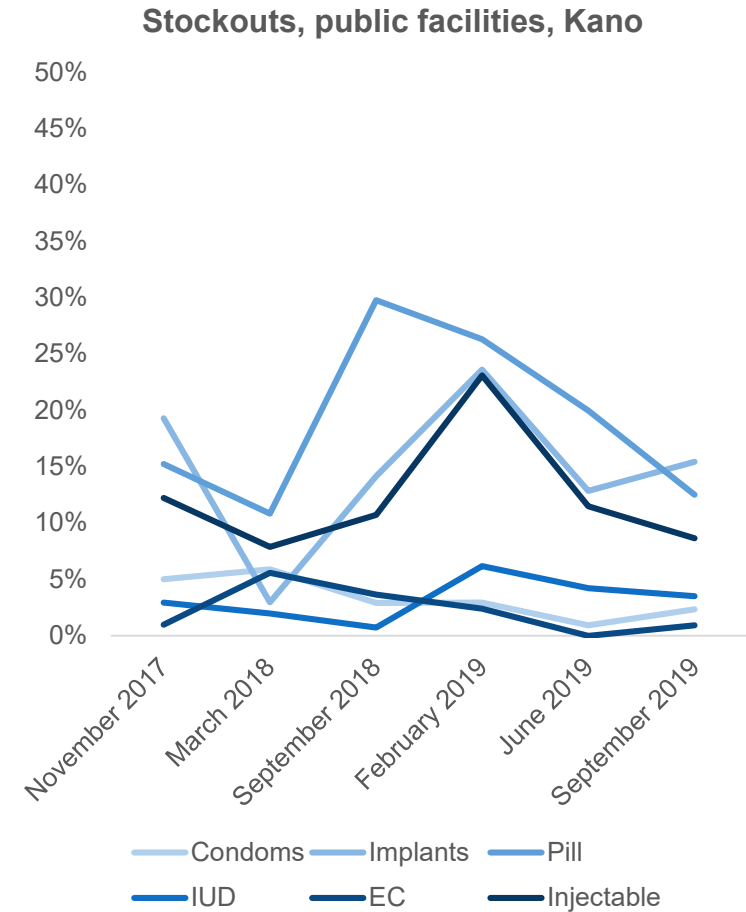
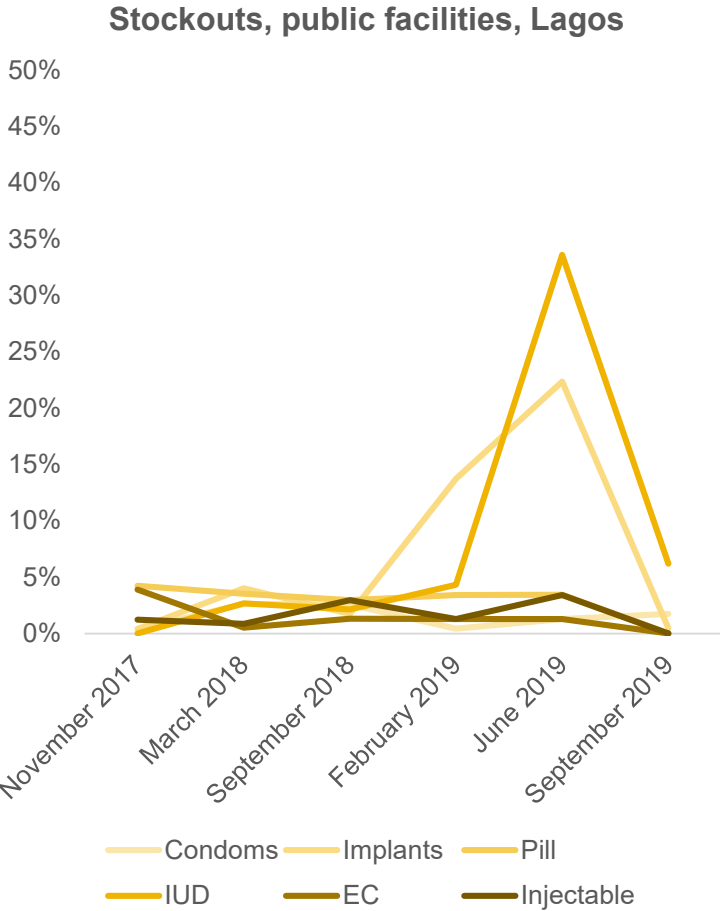


# Public facilities stockouts were mixed in 2019

*In Lagos, facilities' spike in stockouts in mid-2019 was driven by implants and IUDs. In Kano stockouts generally decreased in 2019 after rising in 2018, while there was some fluctuation in Ogun in 2019 after a peak in stockouts in 2018.*

ToC critical assumption

PHC service-delivery models increase quality and access to services

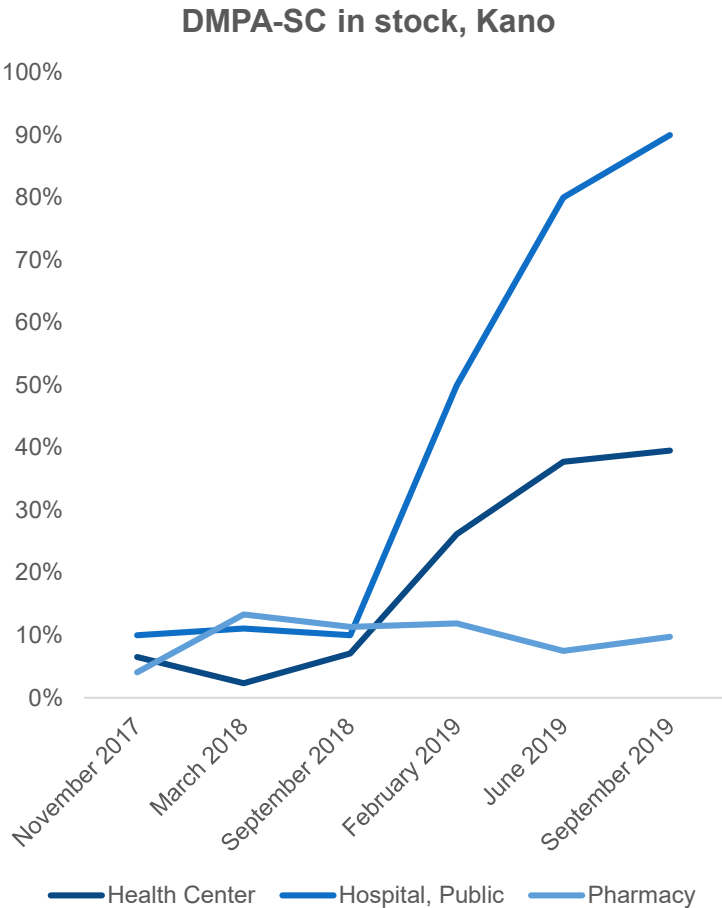
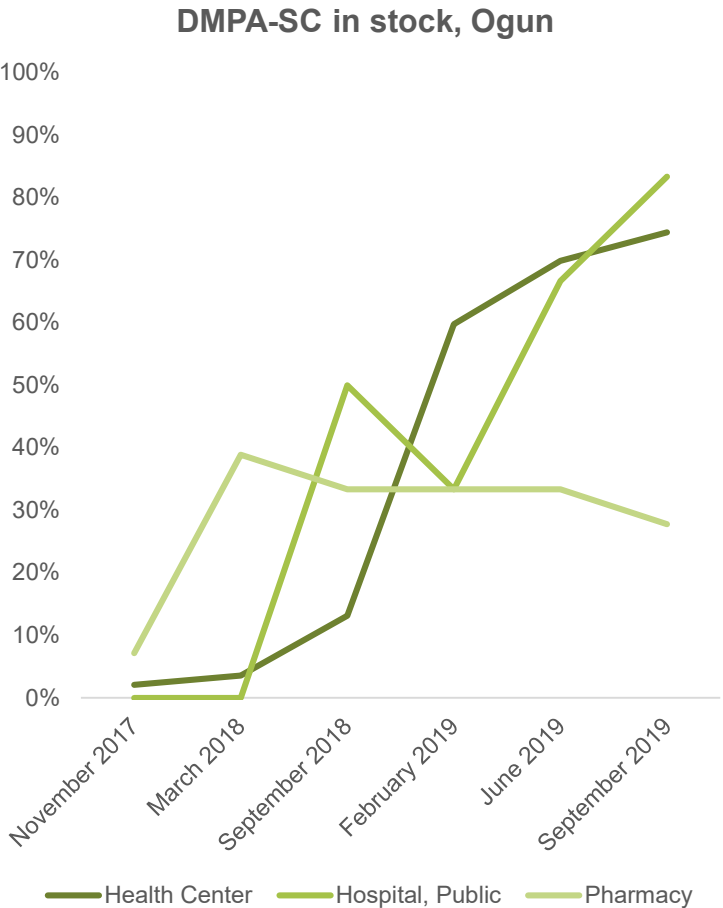
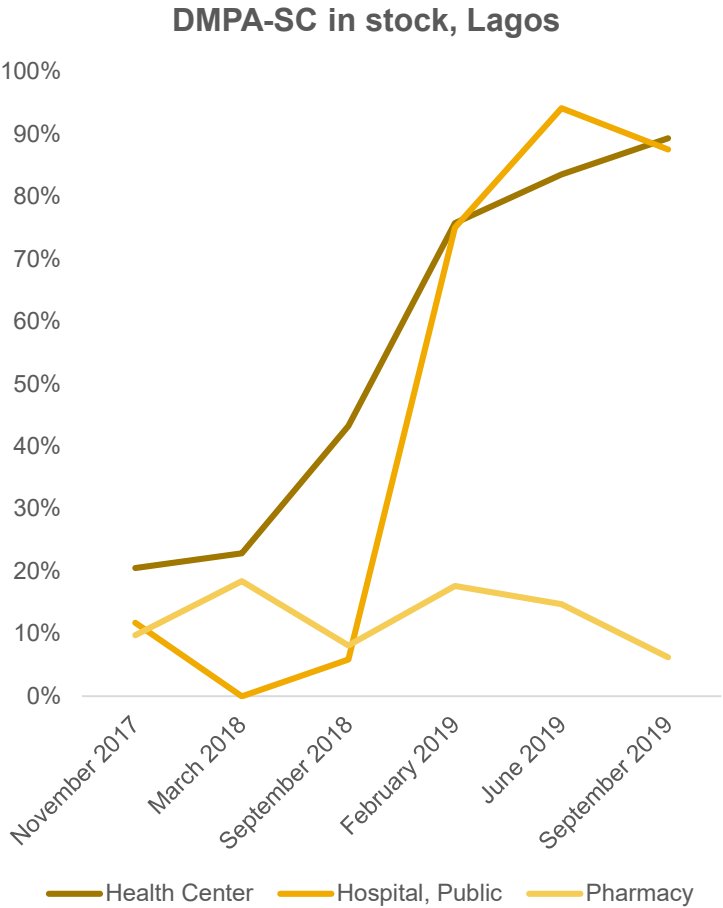


# Increasing availability of DMPA-SC

*The national roll-out of DMPA-SC is apparent in facility stock data, particularly among health centers and public hospitals.*

ToC critical assumption

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



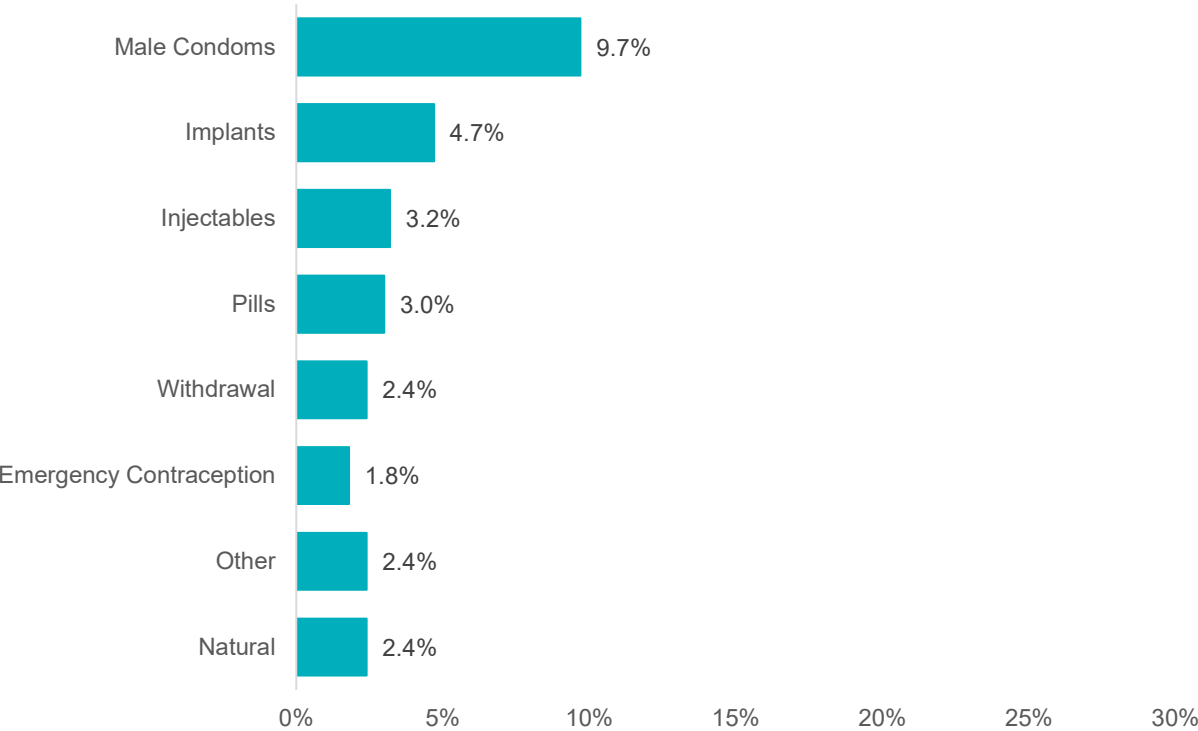
# Injectable use is low among youth, especially in Lagos, however

*Condoms are the most popular method for youth. The share of other methods is fairly even in Kaduna, while in Lagos short acting and natural methods are more popular.*

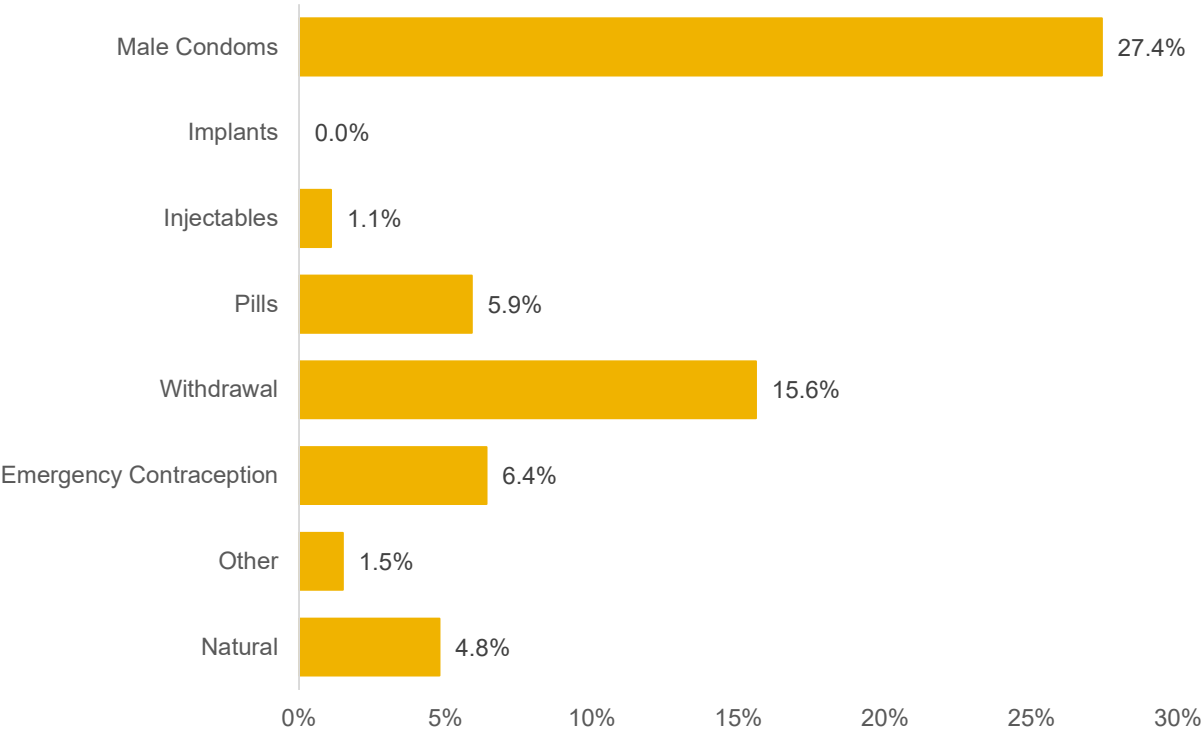
ToC critical assumption

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

Current use of contraceptive methods among sexually active females aged 14-24, Kaduna



Current use of contraceptive methods among sexually active females aged 14-24, Lagos



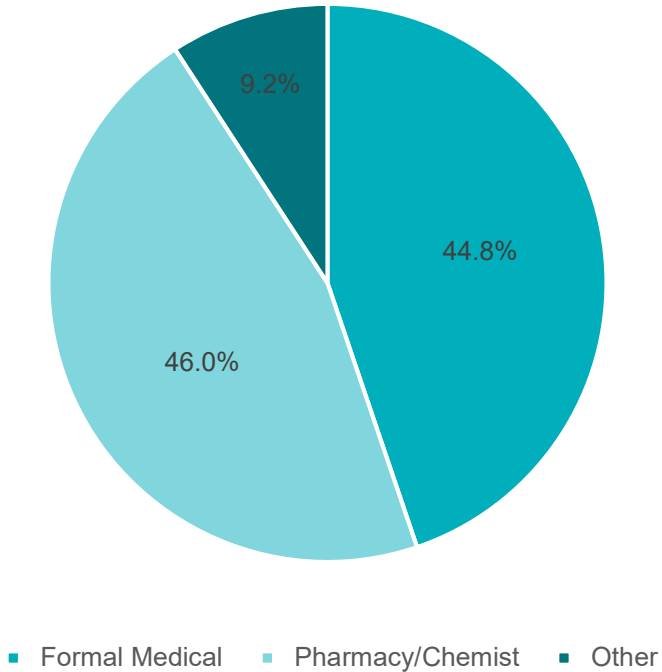
# Youth source of FP method is consistent with method mix

*In Lagos, most youth obtain their method from a pharmacy/chemist, while in Kaduna it is evenly split between pharmacy/chemist and formal medical locations.*

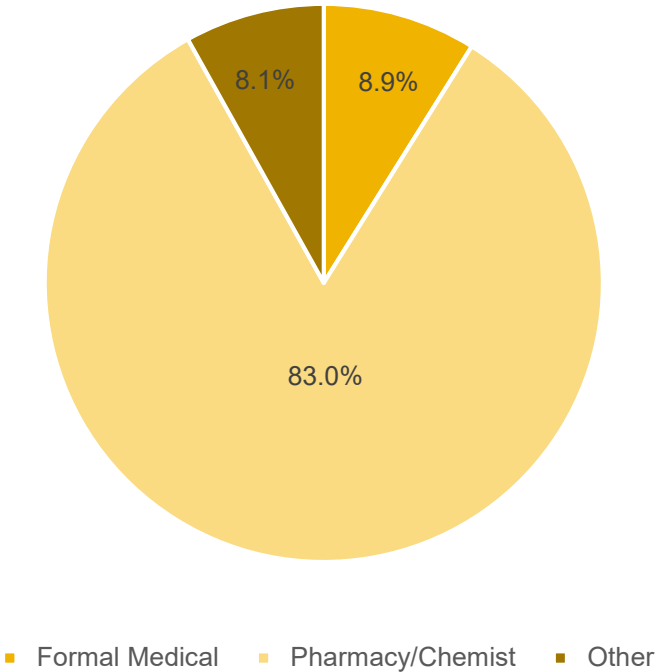
ToC critical assumption

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

Source of Contraceptive Methods among Sexually Active Young Females (aged 14-24), Kaduna



Source of Contraceptive Methods among Sexually Active Young Females (aged 14-24), Lagos

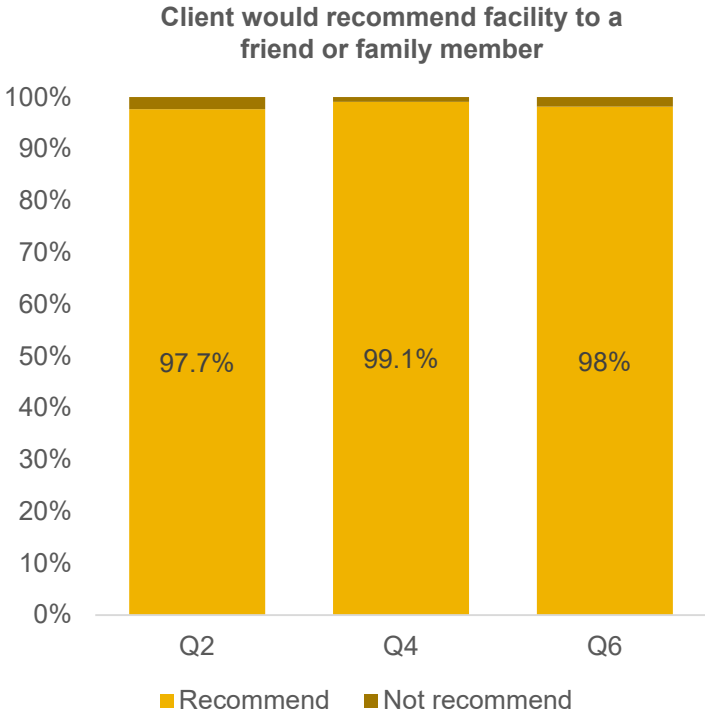
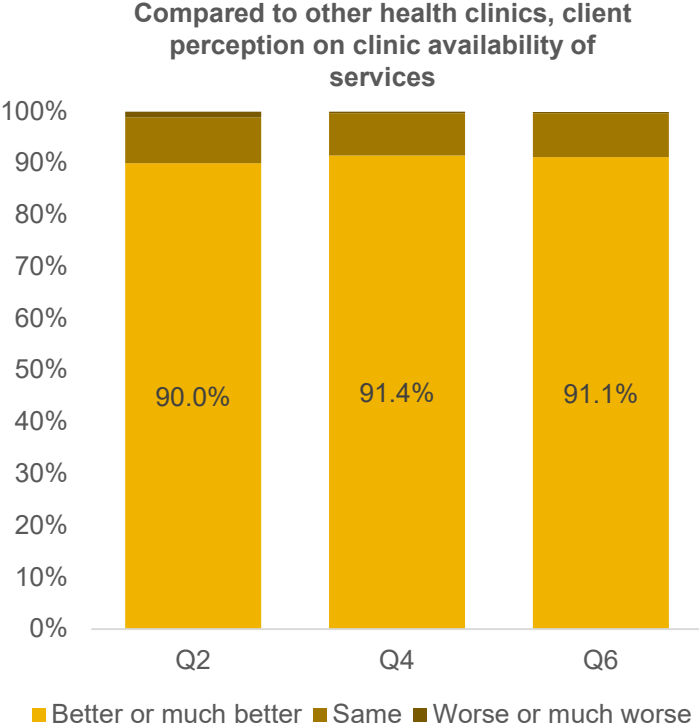
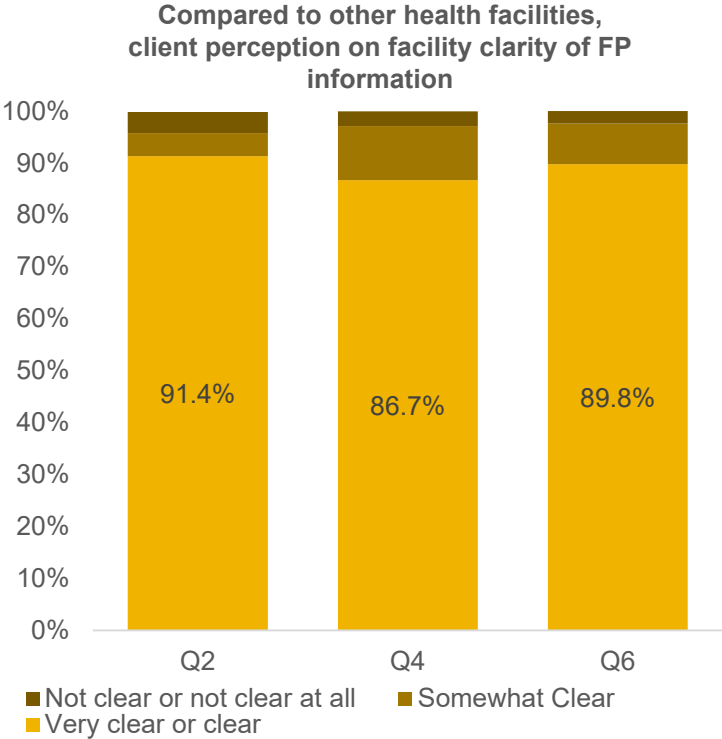


# Client perceptions on facility quality are positive

*In Lagos, women have positive perceptions of health facility information about FP and availability of services.*

ToC critical assumption

PHC service-delivery models increase quality and access to services



# Overall, quality of care reports are positive

*FP clients generally report good experiences with care when they seek it, reflecting well on provider training and strengthened systems.*

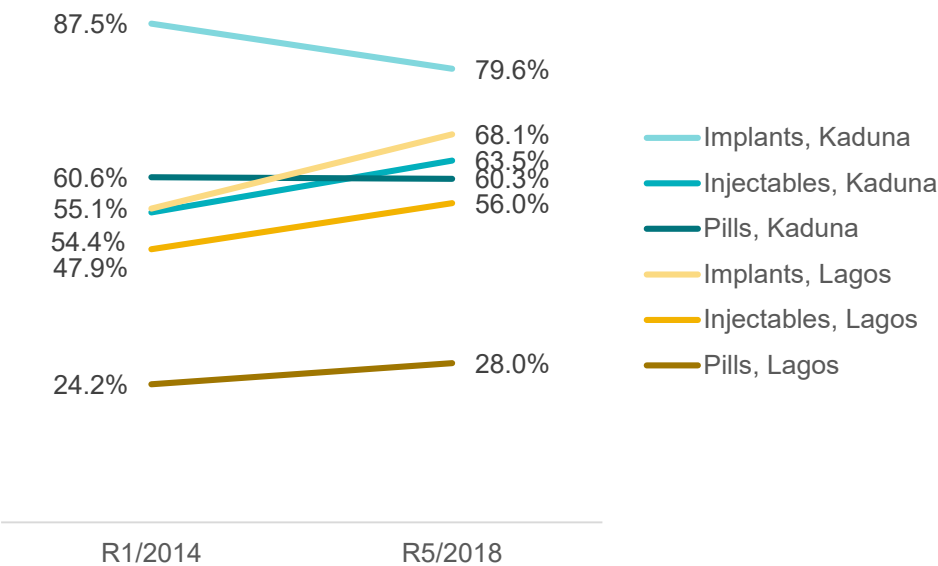
ToC critical assumption

PHC service-delivery models increase quality and access to services

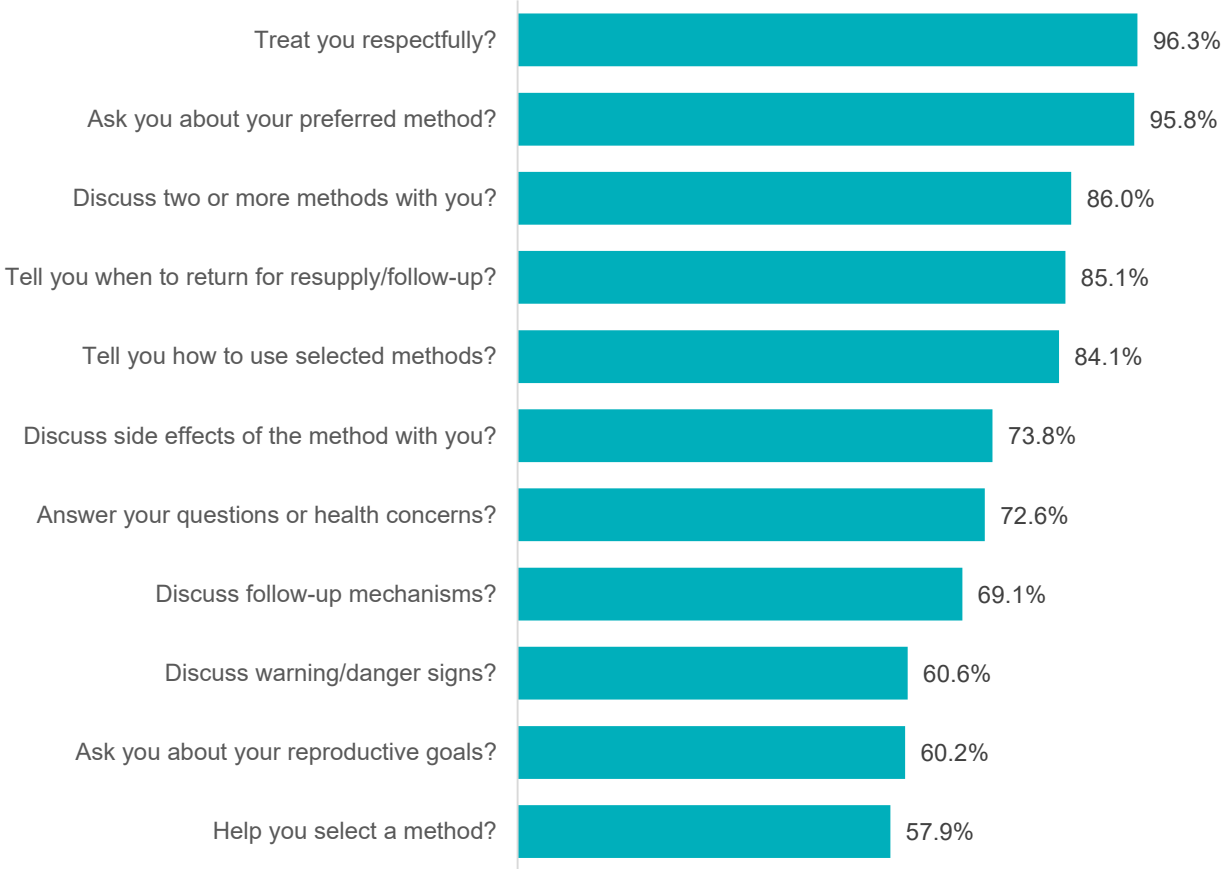
97%

of staff in Lagos facilities that provide IUDs had staff trained in inserting IUDs

Women counseled on side effects for current modern method, Kaduna and Lagos



Percentage of youth FP clients (aged 14-24) receiving essential components of FP counseling



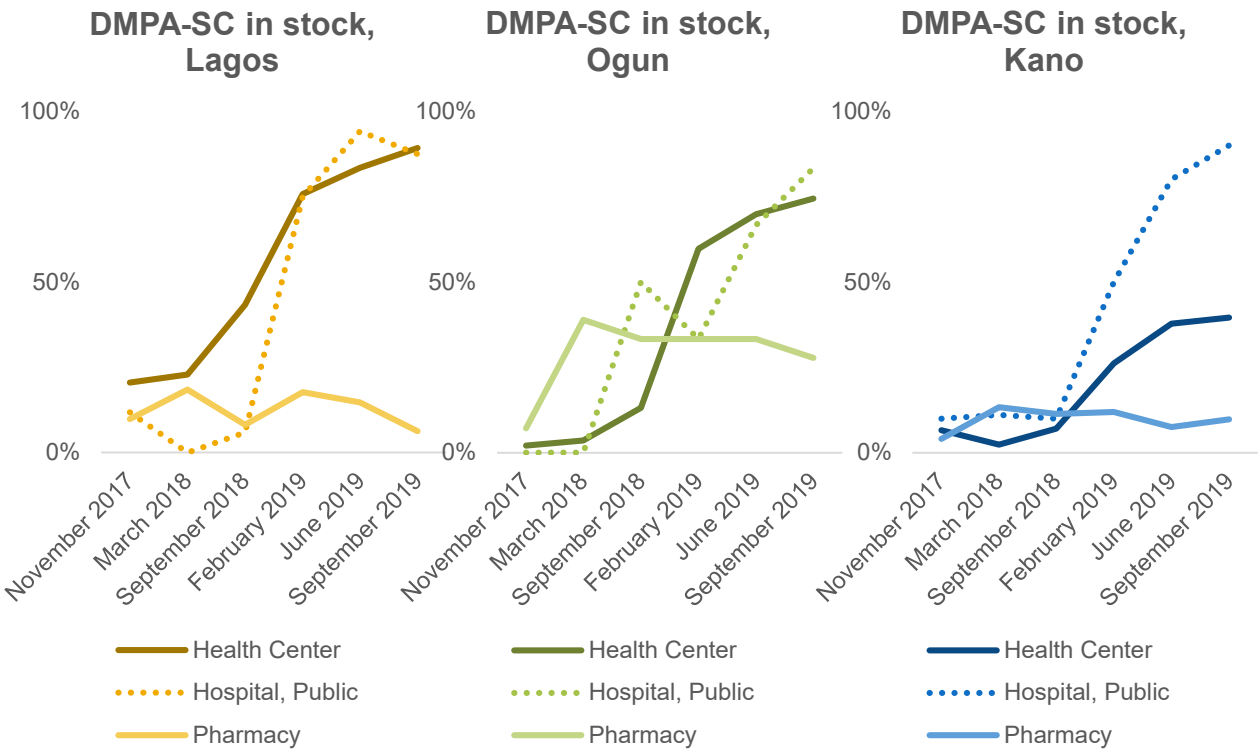


# Summary dashboard: Service delivery

Overall quality metrics appear strong in Lagos. DMPA-SC availability is increasing per national roll-out strategy in Lagos, Ogun, and Kano.

## Strong DMPA-SC rollout in public facilities

The effectiveness of a January 2019 FMOH DMPA-SC dissemination strategy was seen through the growth of stock of DMPA-SC throughout public facilities in multiple geographies this year.



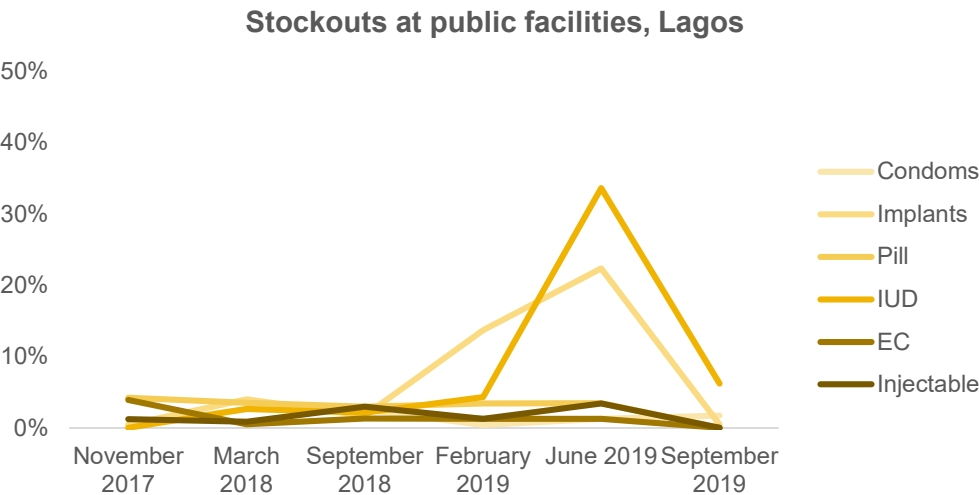
## Overall quality metrics in Lagos appear strong

Public facilities experienced a spikes in LARC stockouts in 2018 and 2019 followed by improved availability. Timing of stockout spikes varied across states.

Private facilities generally had steady stockout levels.

89.8%

Of women surveyed by PMA Agile said facility clarity of FP information was “very clear” or “clear”





## **Scale-up and impact**

*Nigeria findings*

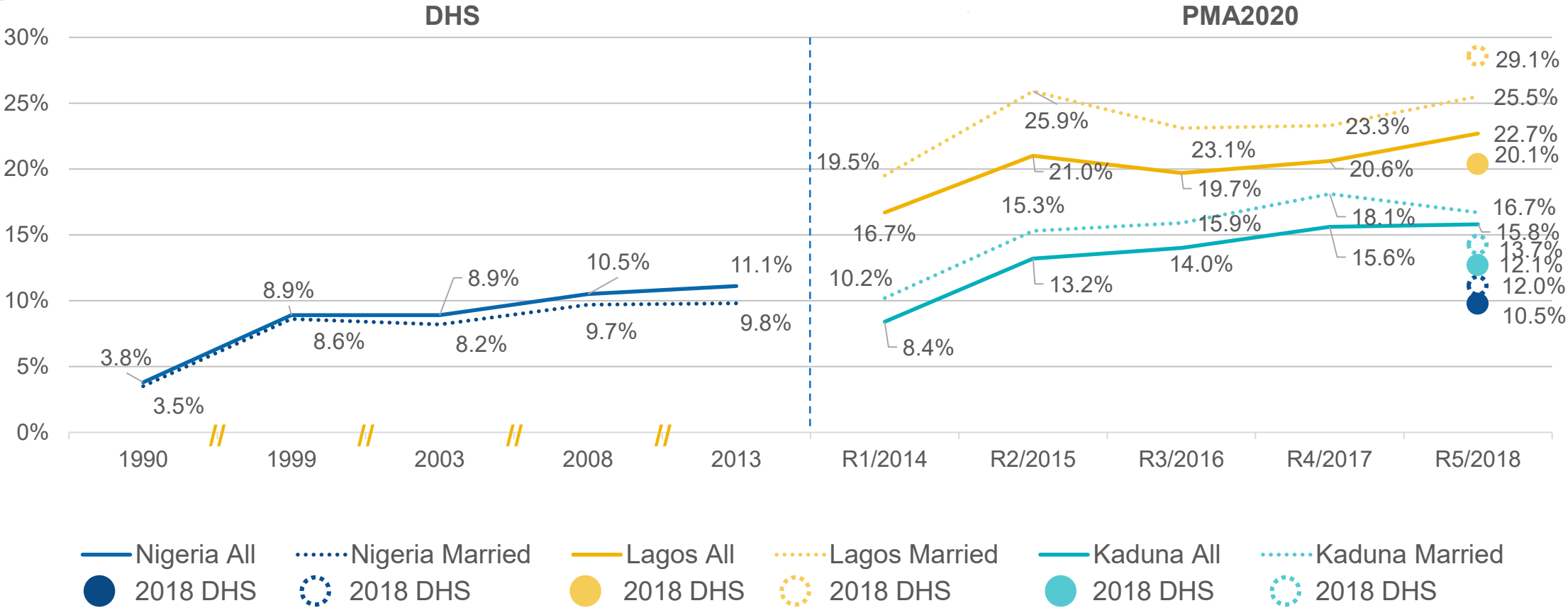
# Scale-up and overall impact

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	<ul style="list-style-type: none"> <li>mCPR in Kaduna and Lagos</li> <li># of states scaling up elements of demonstration projects</li> <li>National mCPR</li> </ul>	▲ / ▲
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.			

# 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

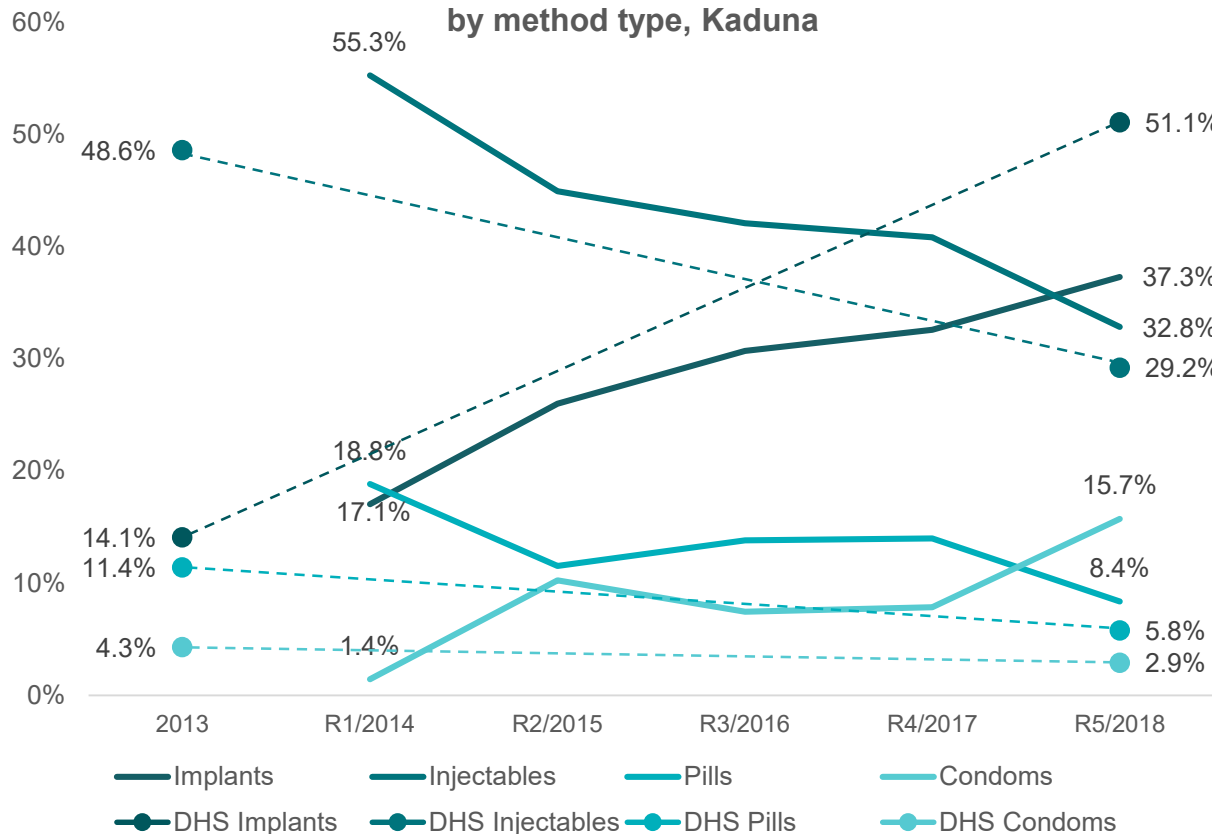


Source: PMA2020 data (R1-R5 Kaduna & Lagos); DHS 1990, 1999, 2003, 2008, 2013

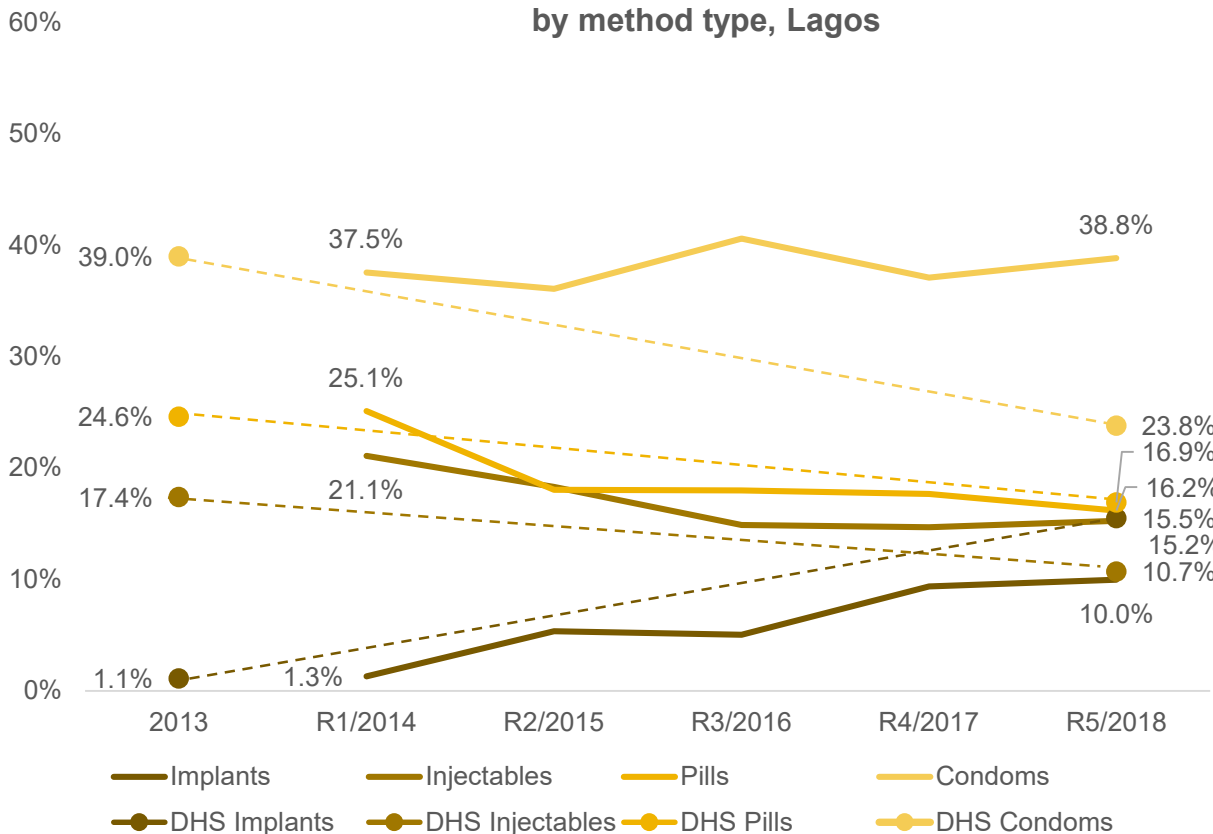
# Method mix among modern method users

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

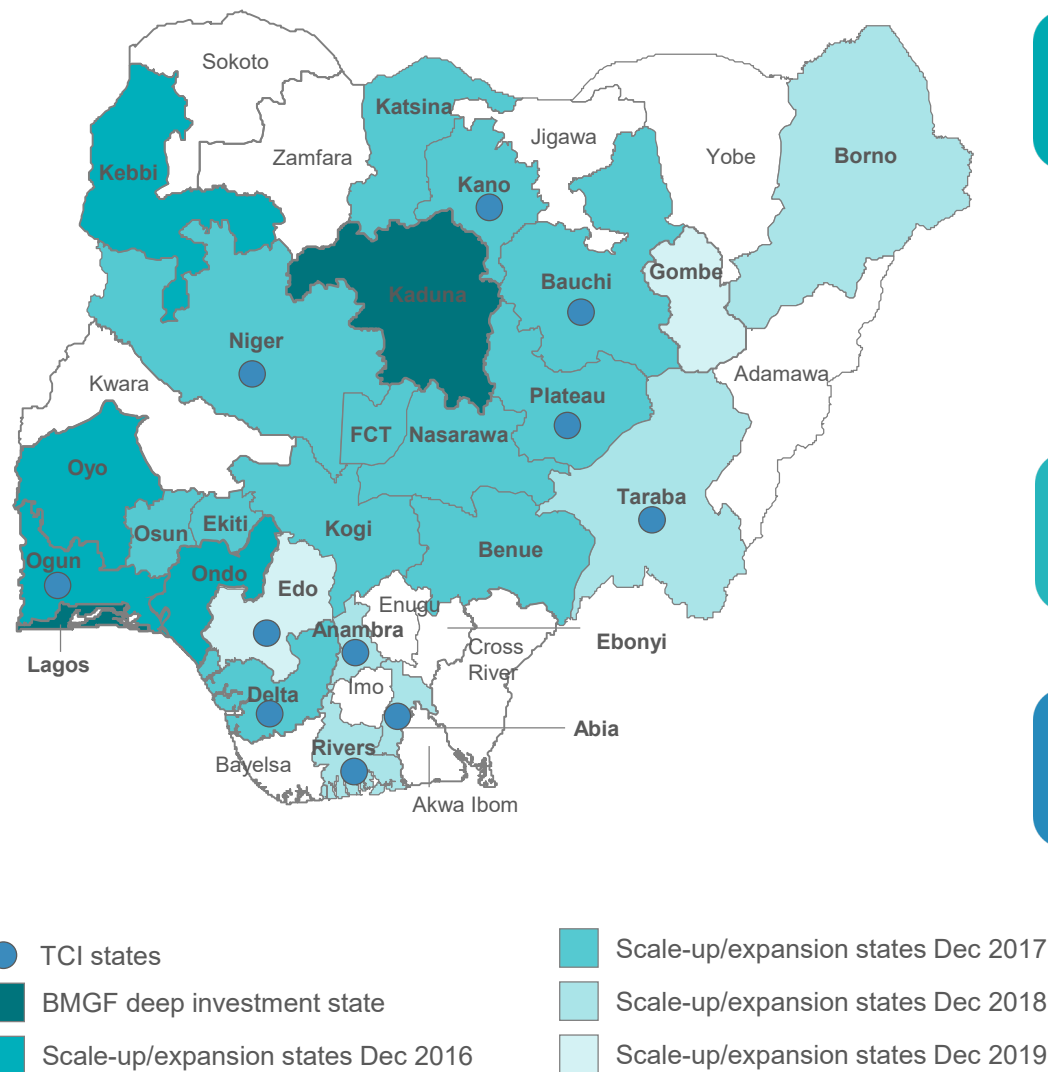
Percentage distribution of modern method users by method type, Kaduna



Percentage distribution of modern method users by method type, Lagos



# Scale up and BMGF expansion



## *Enabling environment*

- ▶ AFP, TSU 2.0, & Track20 and other implementing partners continue to support CIP development throughout Nigeria
- ▶ Multiple grantees supporting TSP scale-up in various states (AFP, ASG, TSU 2.0 & NURHI2); TSP policy revised to include PPMVs and CHIPS
- ▶ DMPA-SC included in the Approved Patent Medicines List in May 2019, which allows PPMVs to stock DMPA-SC
- ▶ State gov'ts have supported the direct financing of HILs in 10 supported states up to \$1 million in cash and \$193,000 as non-cash contribution



## *Demand generation*

- ▶ TCI introduced the use of SBCC committee in all 10 states
- ▶ Anambra state, through SMOL Program for Results, adopted TCI's demand generation strategy for replication and execution



## *Scale-up of successful models*

- ▶ TCI scaled up its Adolescent and Youth SRH program into 2 new states (Plateau and Edo) and in 2 additional existing states (Ogun and Niger)
- ▶ Through technical assistance from TCI in Bauchi State, PPFN adopted the 72 hour clinic makeover model and is currently scaling it up in Gombe State
- ▶ TSU expanded its efforts to the North West and South West through gov't led Transparency, Advocacy, and Capacity Building platform



# Synthesis of facilitators and barriers

*Nigeria findings from SSM and Bottom Up Results, 2016-2019*

# In synthesizing the SSM and bottom up results 2016-19, system-wide themes emerged

*Both government capacity and model testing and learning have seen positive change that facilitates FP progress, but persistent barriers remain.*

## Systems approach to the FP landscape

- ▶ The Nigeria family planning environment is a complex, decentralized system where various parts (government, grantees, advocates, business, social enterprises, etc.) interact in differing ways.
- ▶ We have seen positive changes in some parts of the FP system, but persistent barriers to sustainable system change remain.
- ▶ The tensions in the evolving system and emerging issues create non-linear outcomes.
- ▶ The categories to the right summarize some of these different system features. The two slides after this give more detail for the governmental capacity and model testing and learning systems.



### Positive gains

- ▶ Strong relationships between government and grantees
- ▶ Improved state-level capacity



### Persistent concerns

- ▶ Difficulty recruiting additional workers adding to burn out of existing workers
- ▶ Lack of and inconsistencies in data make management difficult



### Give & take

- ▶ Increasing demand creates bottlenecks for resources, stifling demand



### Emerging issues

- ▶ Shifting national funding priorities with new government



# Capacity gains have been made, but lack of time and data gaps remain persistent constraints

*Data constraints were a recurring focus of SSM discussions.*

Relationships between government and grantees are strong, which are helped by frequent stakeholder meetings and engagement. However, government staff's limited time and competing health priorities hinder family planning progress.

While data are available and staff capacity to use data is increasing, data are not often used for decision making. Inconsistencies in data across stakeholders and agencies, make partners reluctant to share data.

## Government/grantee relationship

- ▶ Strong relationships and engagement between government and grantees
- ▶ Regular stakeholder meetings
- ▶ Limited government staff time, competing priorities, and bureaucracy
- ▶ Decrease in Nat'l FP budget

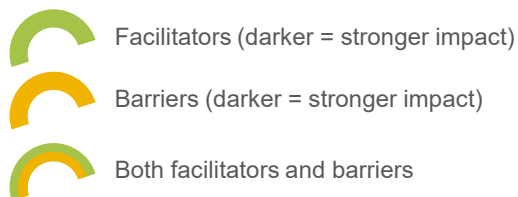
## Staff technical skills

- ▶ Increasing technical skills of in-house staff to support M&E, data visualization, data collection and analysis
- ▶ However, still inadequate number of in-house staff and gov't with technical capacity for data collection and use

## National/ state capacity

## Data

- ▶ Data shared by stakeholders are sometimes inconsistent
- ▶ Inconsistencies result in reluctance to share further data between grantee partners
- ▶ Limited access to certain data, particularly FP budget expenditures
- ▶ Improving availability of data, but low levels of data used for decision making
- ▶ Increasing availability of resources supporting data collection & use (i.e., tools/materials, standard M&E forms, DHIS2, NDHS)



# Bottlenecks reduce effectiveness of collaboration

*Issues in obtaining products, funding, and staffing are persistent constraints to model implementation. However, TSP implementation has diversified provider options.*

Partners face resource constraints, including frequent stockouts of commodities and consumables, delays in data to track stockouts, and low government funding release for family planning.

Partners face labor issues including difficulties recruiting and maintaining SMs and developers of FP media content.

## Collaboration

- ▶ Positive support from service providers to offer a wider range of FP methods
- ▶ Strong engagement and diverse support of both staff and local communities for FP service provision
- ▶ Good collaboration between BMGF grantees, religious leaders, and government
- ▶ Access to external expertise for FP demand generation activities

## Resource bottleneck

- ▶ Lack of funding transparency
- ▶ Low percentage of state budget allocations & releases (i.e., no budget line)
- ▶ Bureaucratic restrictions and issues slow down work




## Product-related issues

- ▶ Stockouts of methods
- ▶ Rigidity of FP commodity suppliers and vendors
- ▶ Government not providing enough products to states

## Labor issues impacting scale-up

- ▶ Difficult to recruit/fund developers of FP content
- ▶ Difficult to recruit & manage staff/volunteers for social mobilization (SM)
- ▶ High staff turnover
- ▶ Insufficient number of FP trainers & FP providers
- ▶ CHEWs now able to provide injectables and IPCC in states which have implemented TSP
- ▶ Sociocultural barriers such as provider bias towards provision of FP to youth and restrictive age policies

## Model testing & learning

-  Facilitators (darker = stronger impact)
-  Barriers (darker = stronger impact)
-  Both facilitators and barriers



## 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.



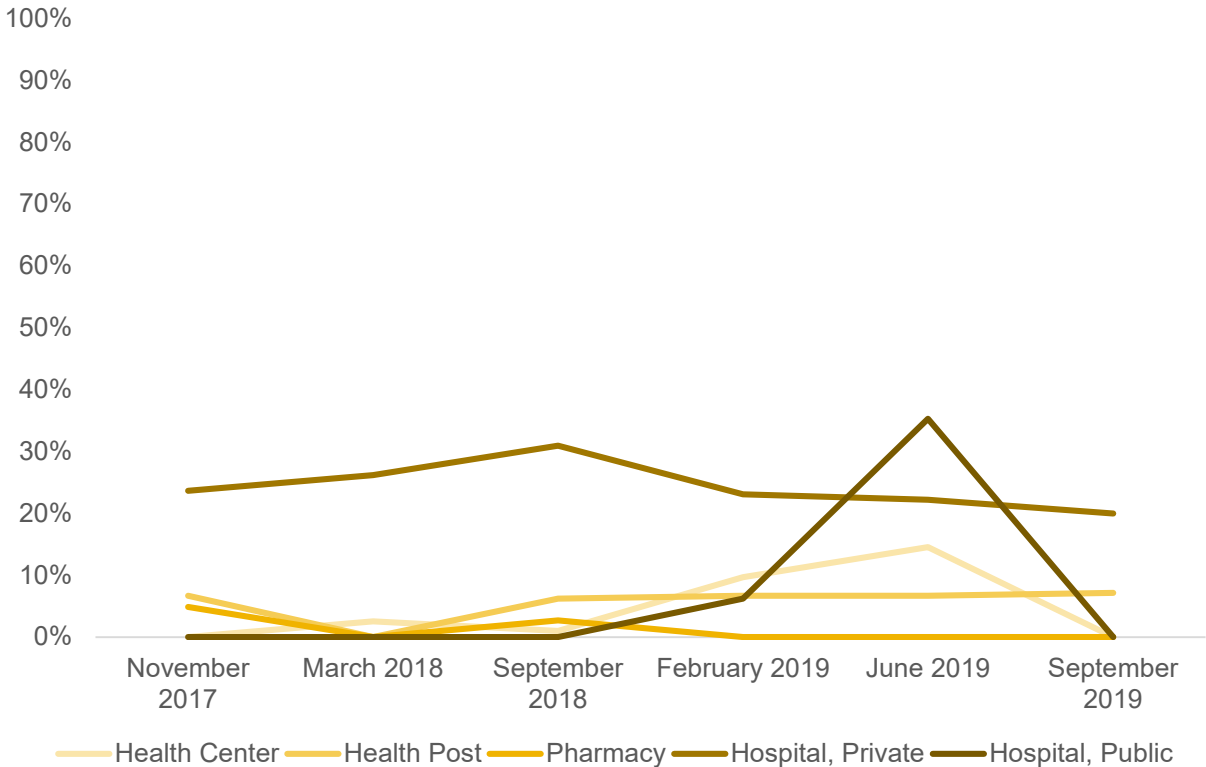
# LARCs experienced a spike in stockouts in public hospitals in Lagos in early 2019

*With the exception of a spike in public hospital stockouts in mid-2019, stockouts have remained fairly stable over the past two years.*

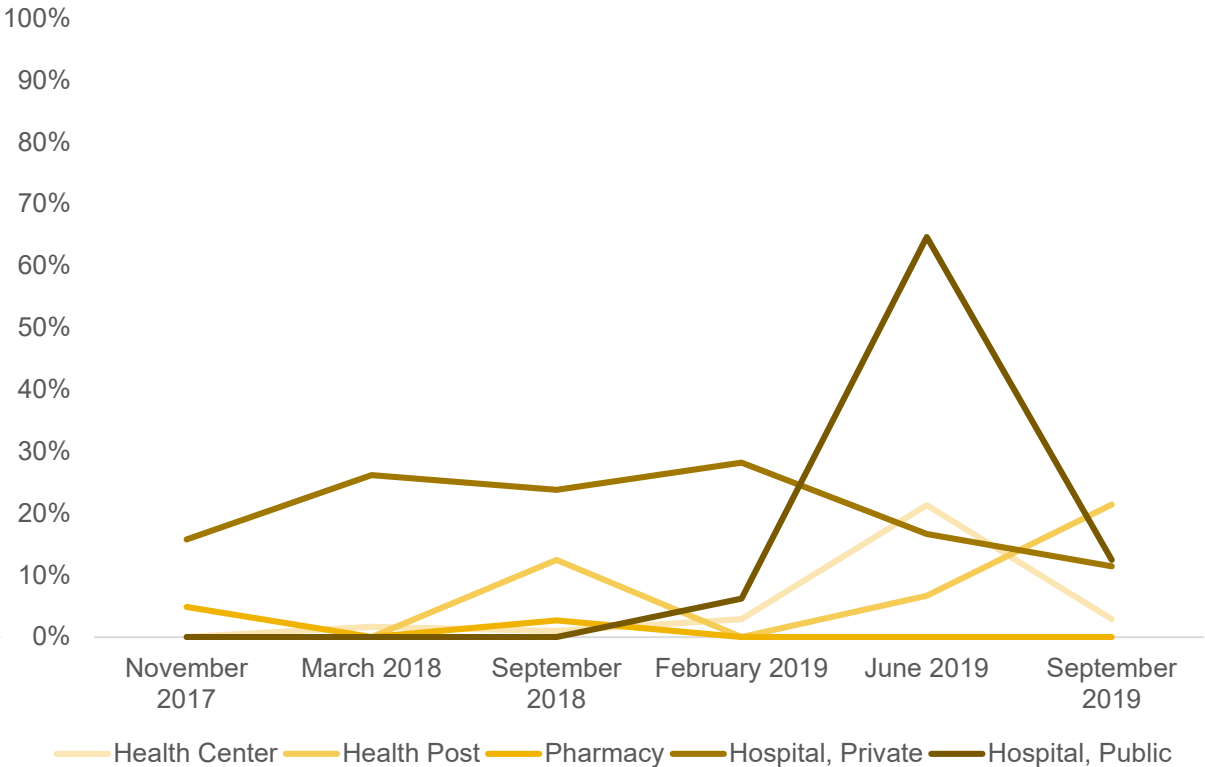
ToC critical assumption

PHC service-delivery models increase quality and access to services

Stockouts, Implants, Lagos



Stockouts, IUDs, Lagos

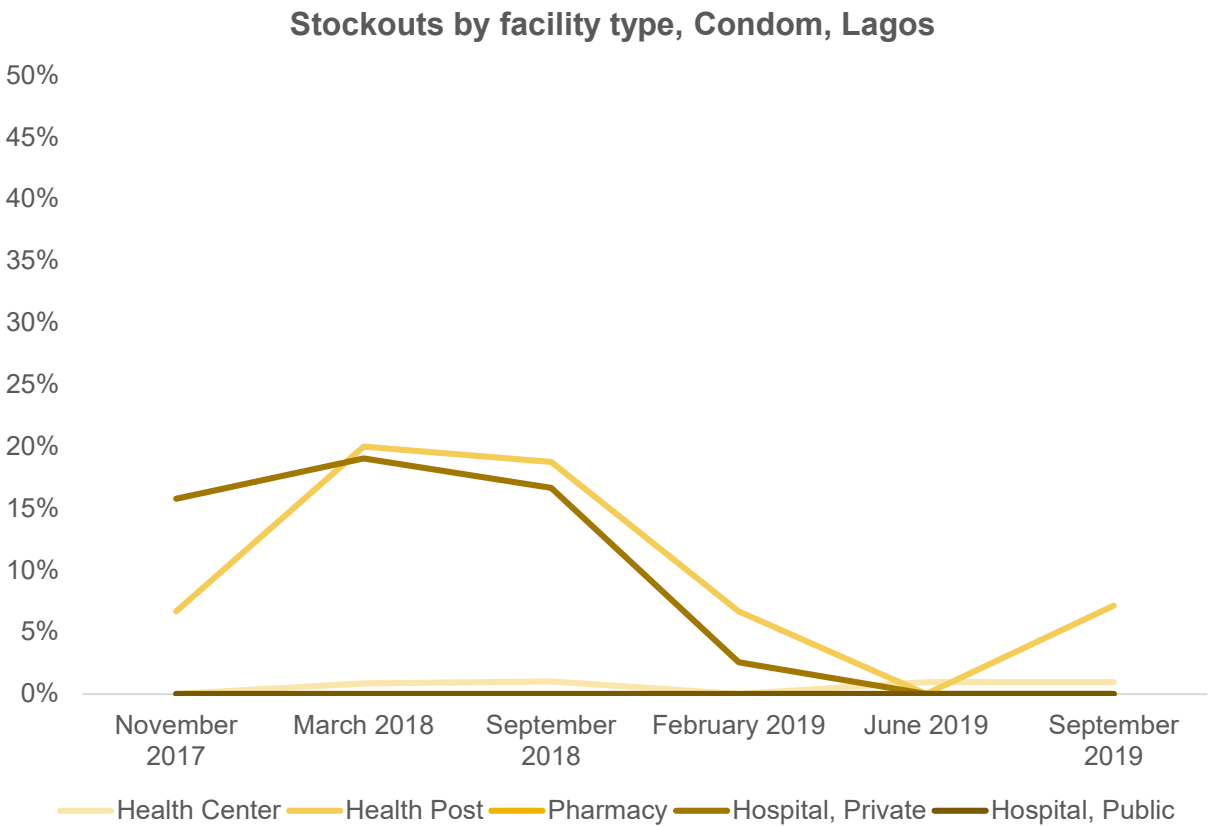
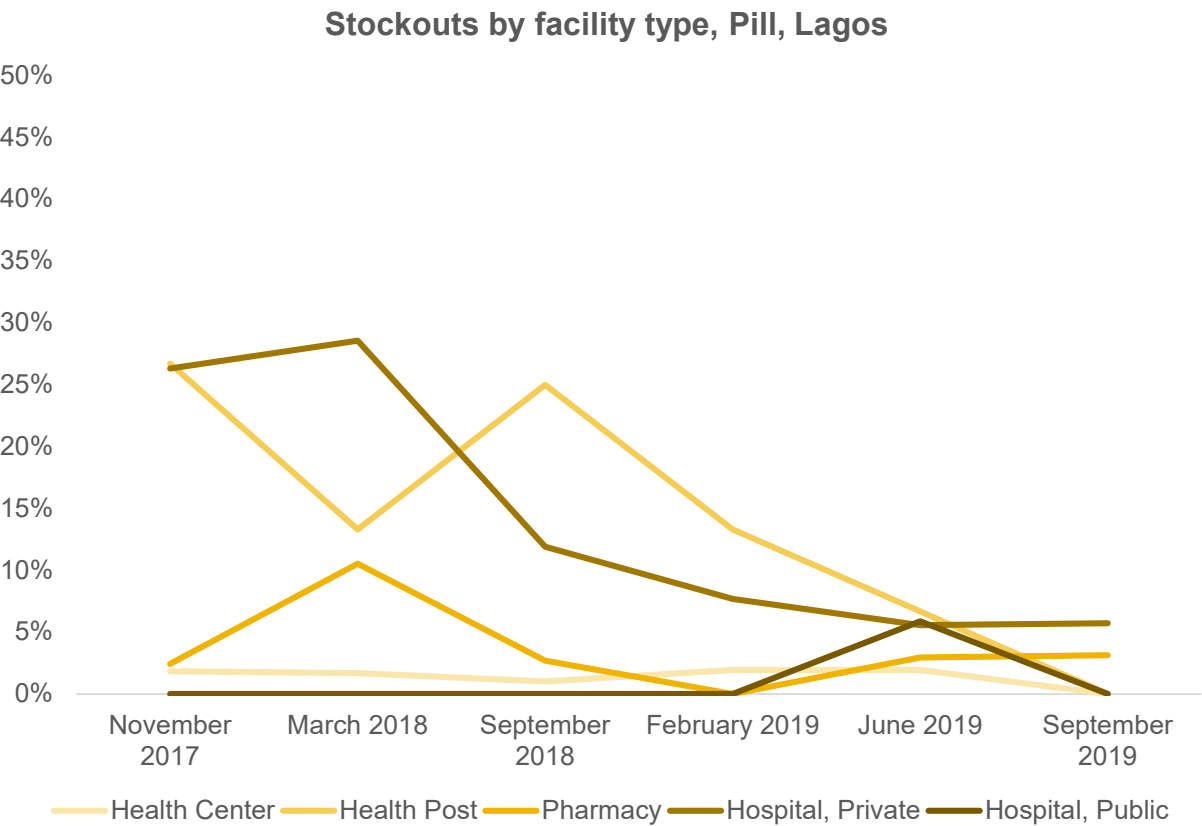


# Short term methods had low or declining stockout rates

Private hospitals and health posts had high stock outs of pills and condoms in 2018 but stockout levels have improved in 2019

ToC critical assumption

PHC service-delivery models increase quality and access to services



# List of abbreviations

<b>AFP</b>	Advance Family Planning	<b>NURHI2</b>	Nigerian Urban Reproductive Health Initiative
<b>ASG</b>	Albright Stonebridge Group	<b>PACFaH</b>	The Partnership for Advocacy in Child and Family Health
<b>BMGF</b>	Bill & Melinda Gates Foundation	<b>PHC</b>	Primary Health Care
<b>CHEW</b>	Community health extension worker	<b>PMA2020</b>	Performance Monitoring and Accountability 2020
<b>CHIPS</b>	Community health influencers, promoters, and services	<b>PO</b>	Program Officer
<b>CIP</b>	Costed Implementation Plan	<b>PPFN</b>	Planned Parenthood Federation of Nigeria
<b>DHIS2</b>	District Health Information System 2	<b>PPFP</b>	Post-partum family planning
<b>DHS</b>	Demographic and Health Survey	<b>PPMV</b>	Proprietary patent medicine vendors
<b>DKT</b>	DKT International	<b>R</b>	Round
<b>DMPA-SC</b>	Depot-medroxyprogesterone acetate(Sayana® Press)	<b>RASuDiN</b>	Resilient & Accelerated Scale-up of DMPA-SC/Self-Injection in Nigeria
<b>dRPC</b>	Development Research and Projects Centre	<b>RHTWG</b>	Regional Health Technical Working Group
<b>EC</b>	Emergency Contraception	<b>SBCC</b>	Social and behavior change communication
<b>FMoH</b>	Federal Ministry of Health	<b>SDP</b>	Service delivery point
<b>FP2020</b>	Family planning 2020	<b>SM</b>	Social mobilization/social mobilizer
<b>FP</b>	Family planning	<b>SMoH</b>	State Ministry of Health
<b>FP CAPE</b>	Family Planning Country Action Process Evaluation	<b>SMOL</b>	Saving One Million Lives
<b>IPCC</b>	Interpersonal Counseling and Communication Skills	<b>SRH</b>	Sexual and reproductive health
<b>IUD</b>	Intrauterine device	<b>SSM</b>	System Support Mapping
<b>LAM</b>	Lactational Amenorrhea Method	<b>TA</b>	Technical Assistance
<b>LARC</b>	Long acting reversible contraceptive	<b>TCI</b>	The Challenge Initiative
<b>mCPR</b>	Modern contraceptive prevalence rate	<b>ToC</b>	Theory of Change
<b>M&amp;E</b>	Monitoring and evaluation	<b>TSP</b>	Task-shifting/task-sharing policy
<b>NDHS</b>	Nigeria Demographic and Health Survey	<b>TSU</b>	Technical Support Unit
		<b>ToC</b>	Theory of Change