



# FP CAPE

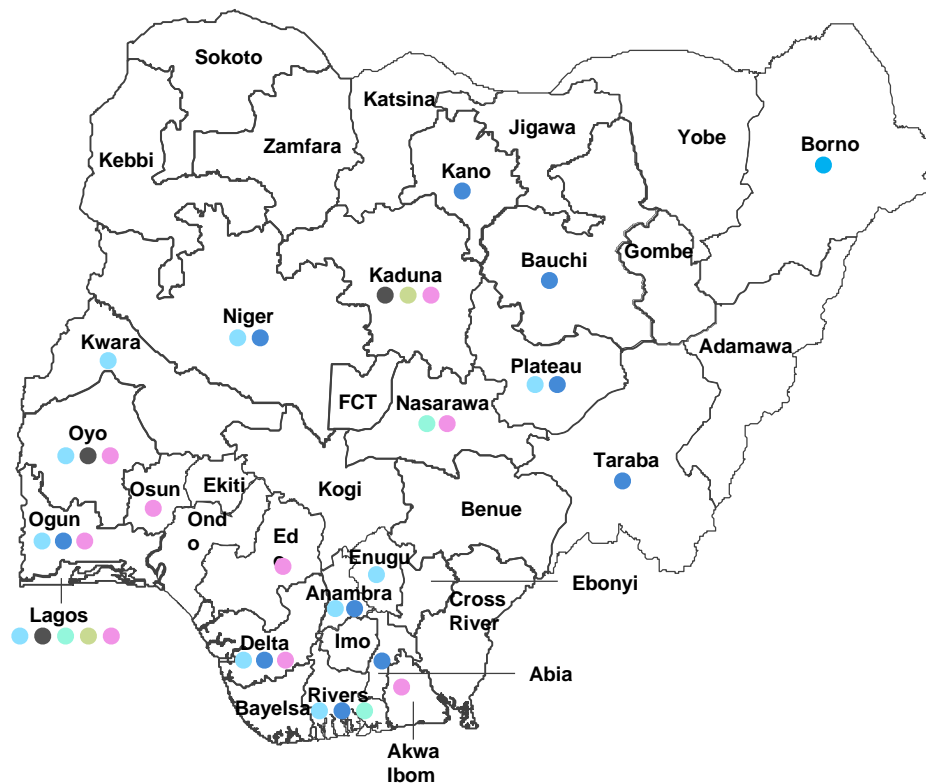
Family Planning  
Country Action Process Evaluation

*Overview of 2019 portfolio level findings: Nigeria*

Annual partner meeting  
February 26-27, 2020

# BMGF family planning footprint in Nigeria

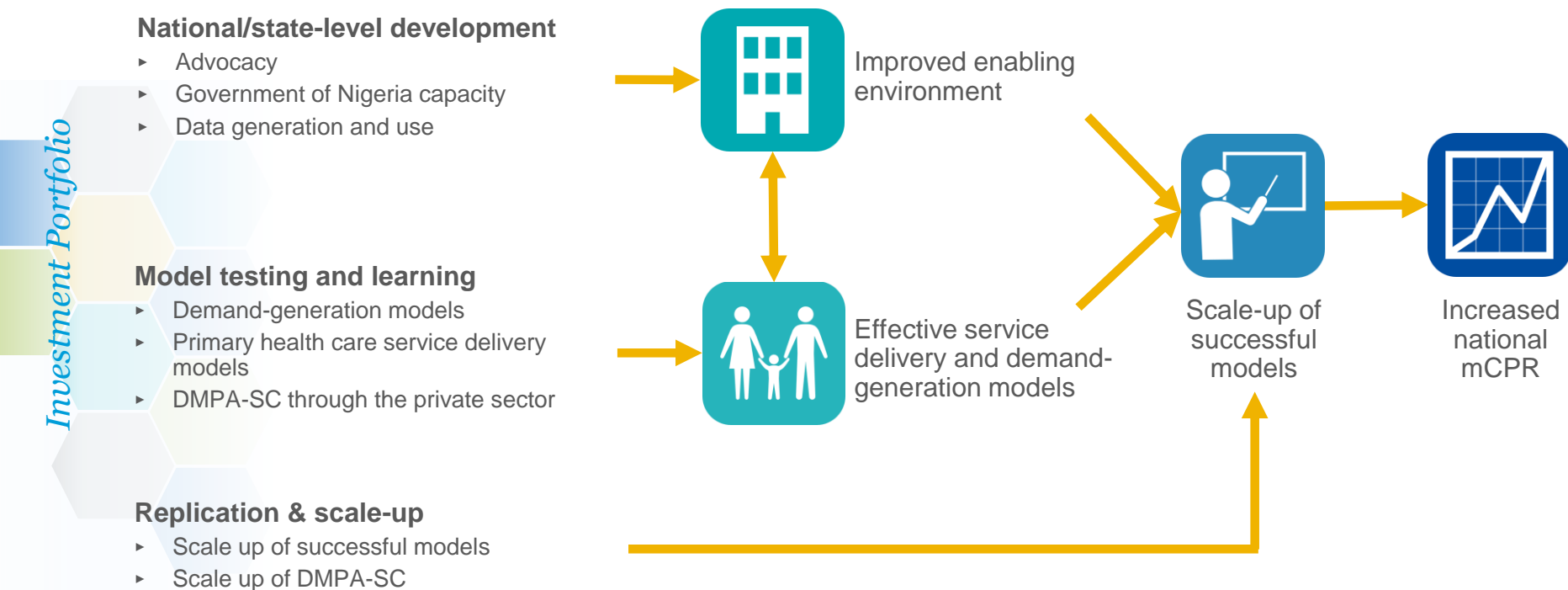
*BMGF has an extensive portfolio of FP activities operating in 20 states in Nigeria. Many states have multiple investments.*



Grantees	# of states
DMPA-SC Scale-up	10
TCI FP Acceleration	10
NURHI 2 Deep Engagement	3
CHAI PPFP	3
WRC- Humanitarian	1
IntegrateE/PPMVs and CPs	2
Adolescent 360	9


# 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.*



# Nigeria investment portfolio: Critical assumptions

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

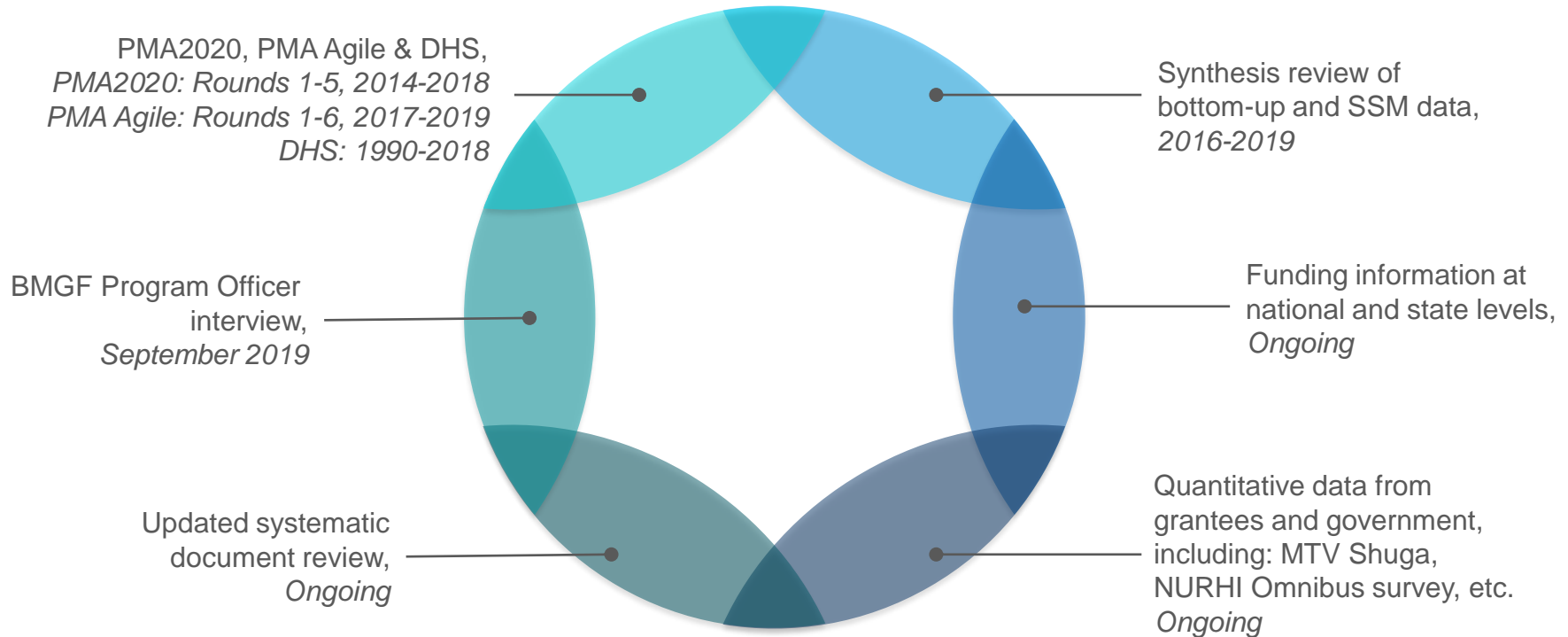
 Investment Portfolio	Project area	Critical assumptions
	Enabling environment	<ul style="list-style-type: none"> <li>▶ Advocacy outcomes contribute to increases in domestic funding for FP as well as visibility of FP</li> <li>▶ Advocacy efforts lead to the operationalization of Task-Shifting &amp; Task-Sharing 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>
	Increased national mCPR	<ul style="list-style-type: none"> <li>▶ Model programs remain effective when scaled up by others in new context</li> </ul>



Outcomes

# 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.*



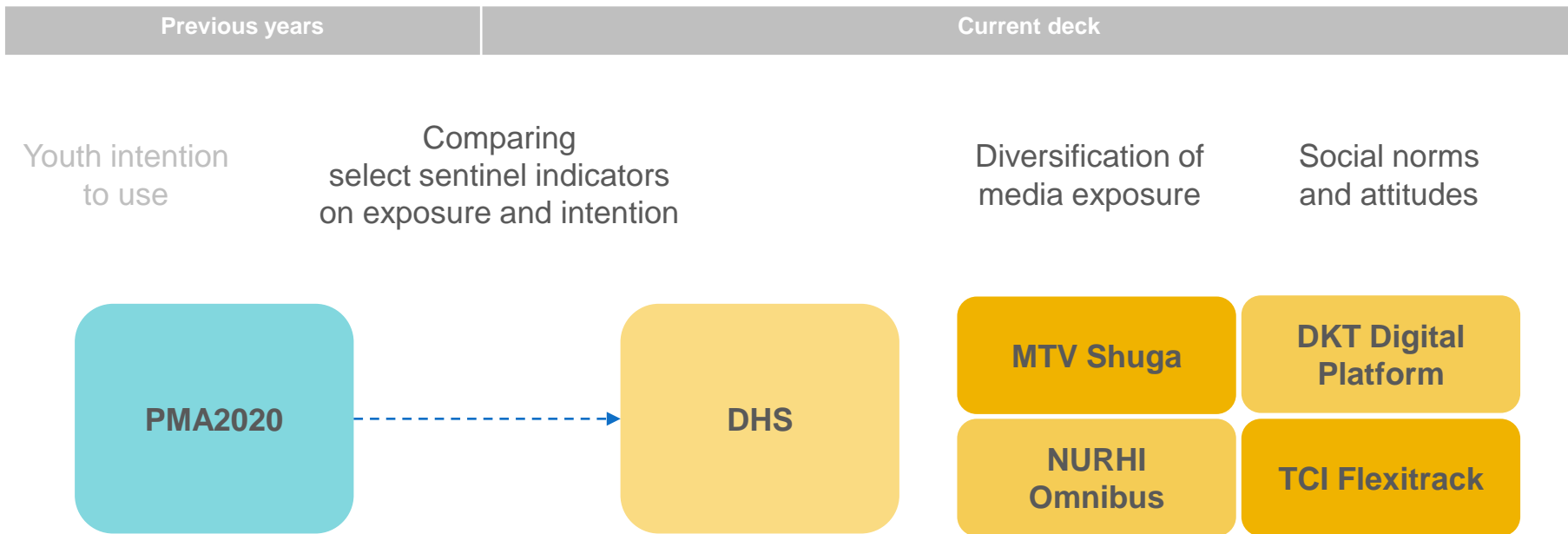


# Demand generation

*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.*



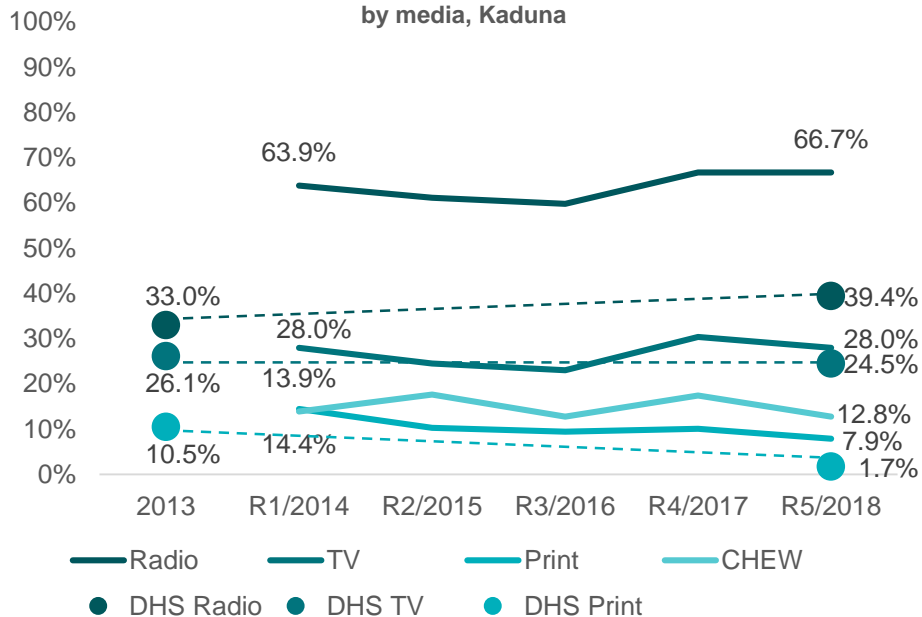
# Exposure to FP messages by media source

*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.*

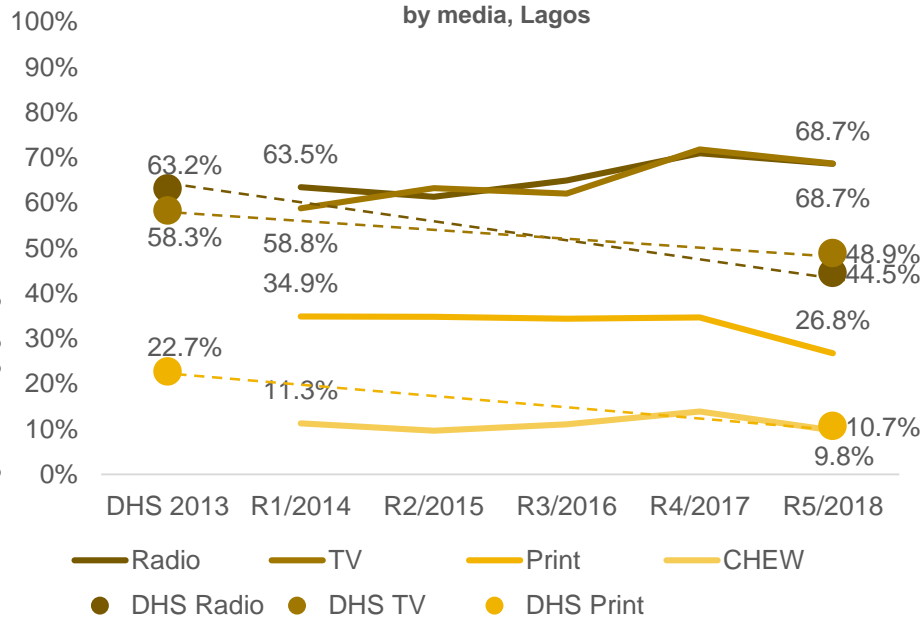
ToC critical assumption

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





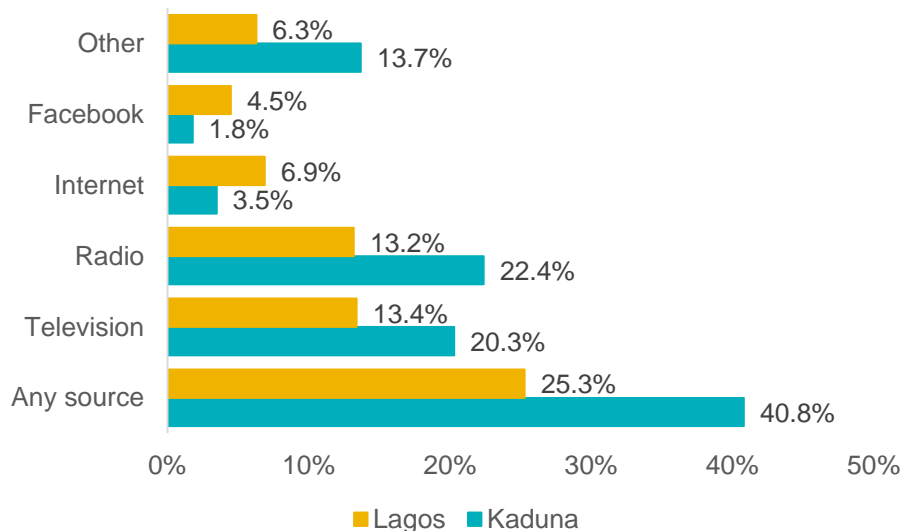
# Different grantees are experimenting with ways to increase exposure to FP messaging

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

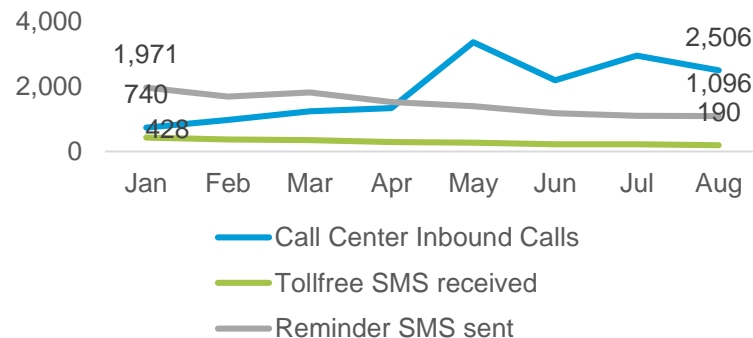
ToC critical assumption

Demonstration models result in large scale social norms change

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



DKT SMS and call center interactions, 2019



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

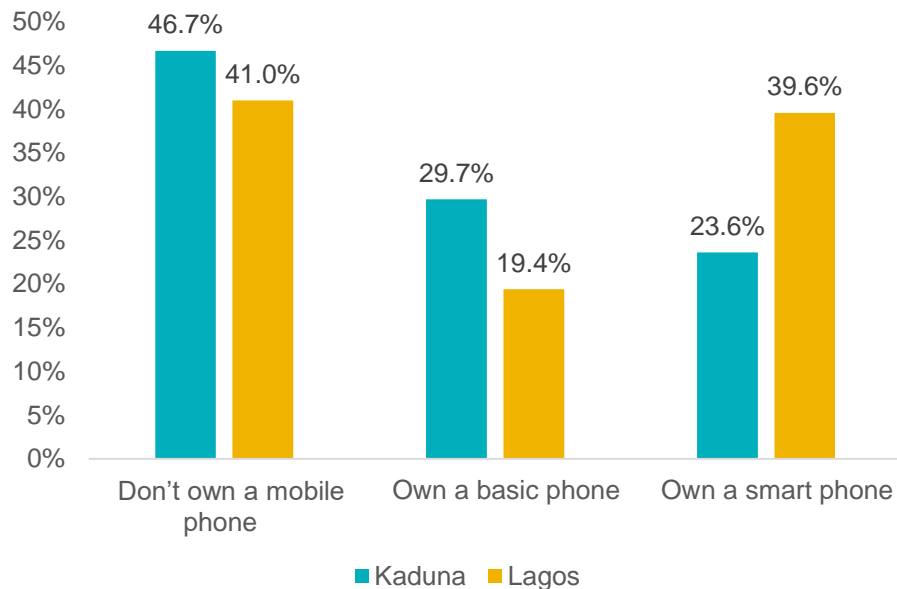
# Youth mobile phone and social media exposure

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

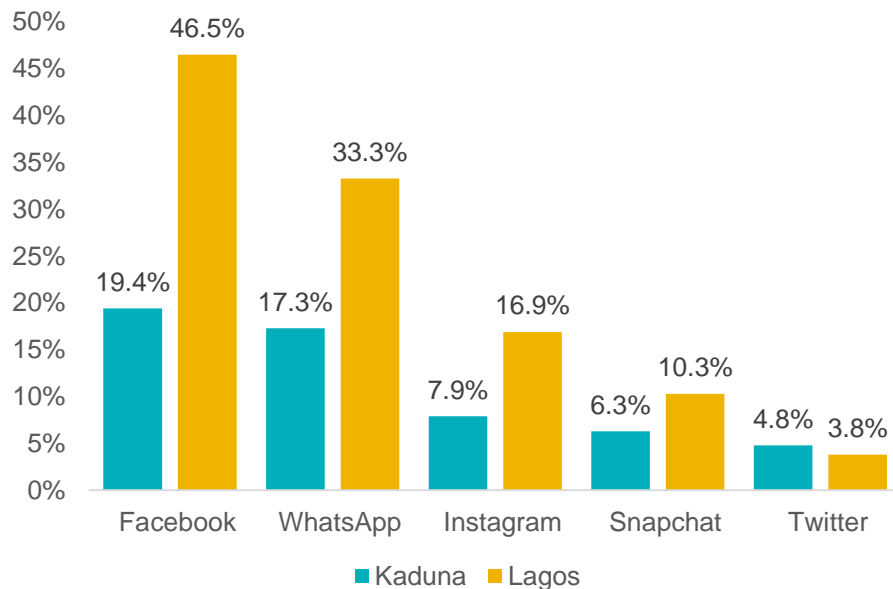
ToC critical assumption

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



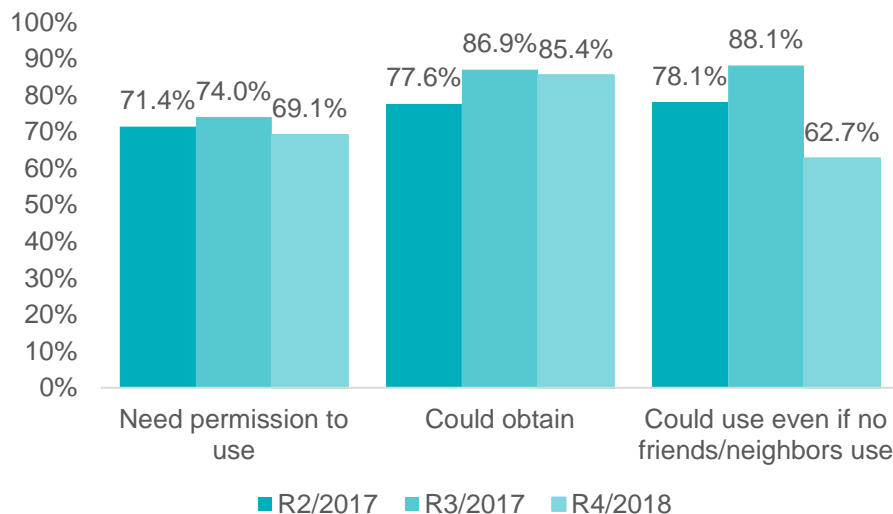
# While 2/3 of women believe they need permission to use FP, most also think they can obtain and use

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

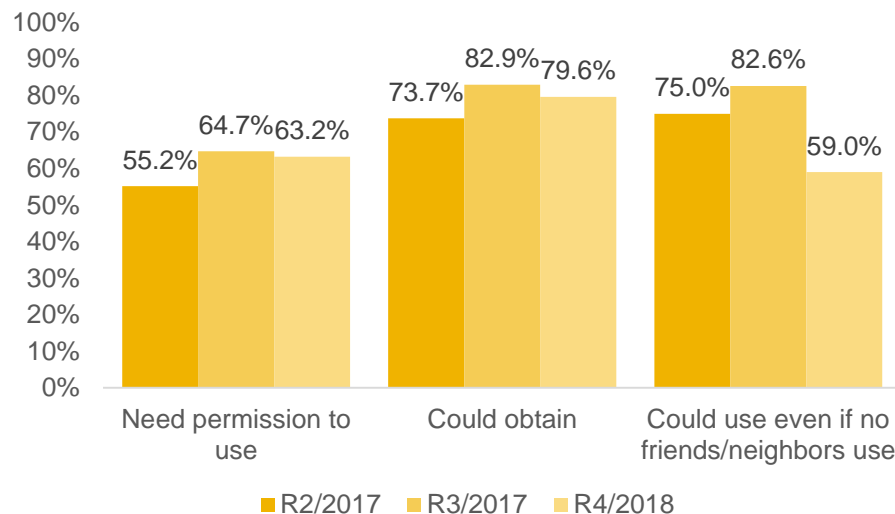
ToC critical assumption

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



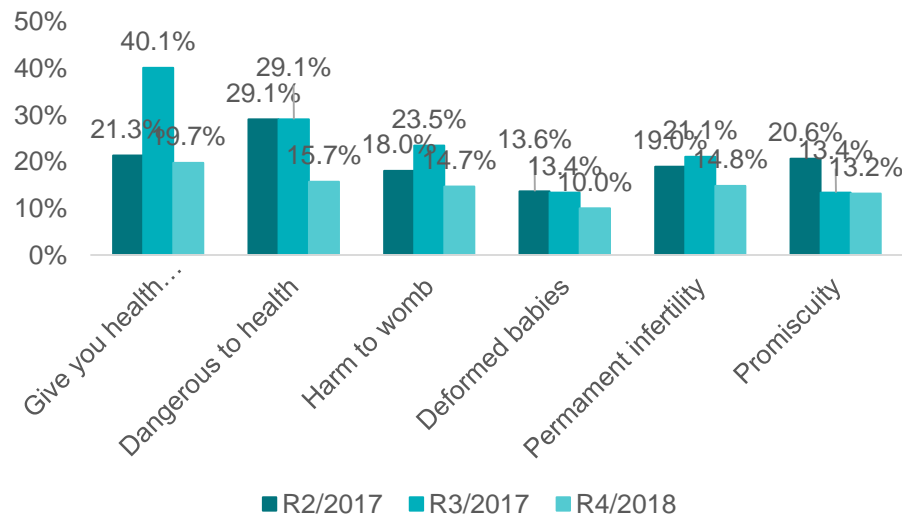
# Generally, women's incorrect beliefs about FP's health and social impacts are declining

*The most FP misconceptions center around health problems.*

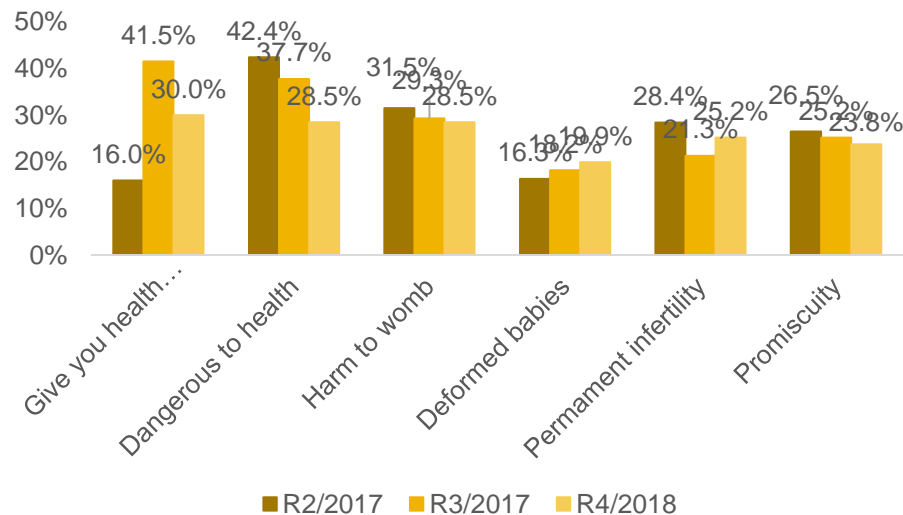
ToC critical assumption

Demonstration models result in large scale social norms change

Agree or strongly agree with incorrect beliefs associated with family planning, Kaduna



Agree or strongly agree with incorrect beliefs associated with family planning, Lagos



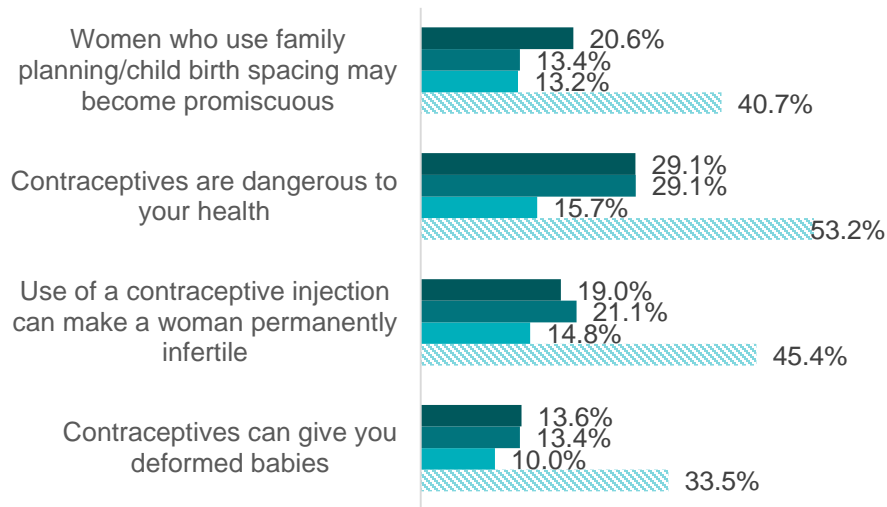
# False beliefs about FP are higher among youth

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

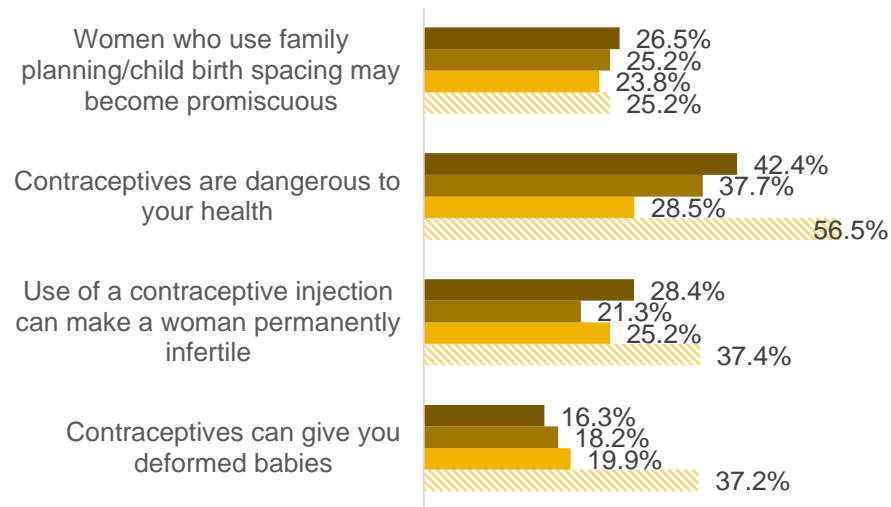
ToC critical assumption

Demonstration models result in large scale social norms change

**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**



■ R2/2017 ■ R3/2017 ■ R4/2018 ■ Young women ages 14-24

■ R2/2017 ■ R3/2017 ■ R4/2018 ■ Young women ages 14-24



# 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.*

Previous years

Current deck

Facility offerings  
(CHEWs, PPMVs,  
pharmacies, public)

Comparing stockout data

DMPA-SC rollout

Quality of care

PMA2020



PMA Agile

MTV Shuga

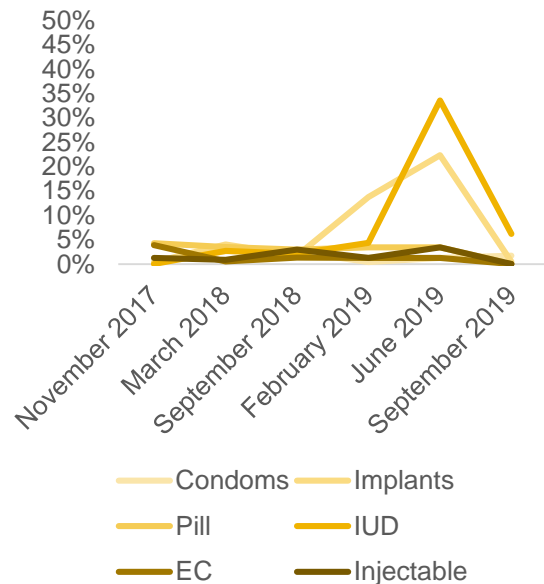
# Public facilities stockouts were mixed in 2019

*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.*

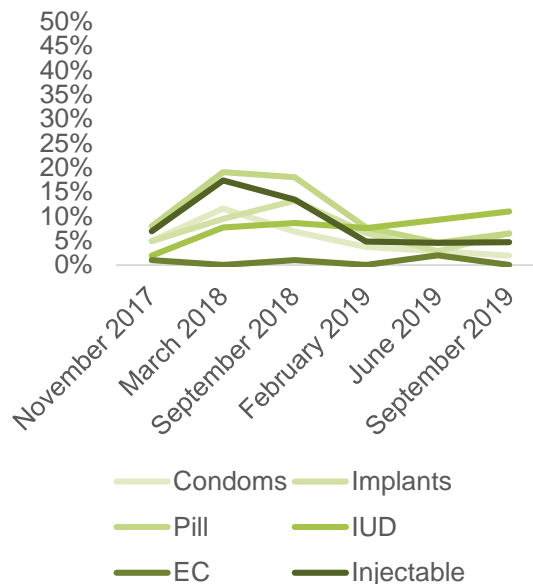
ToC critical assumption

PHC service-delivery models increase quality and access to services

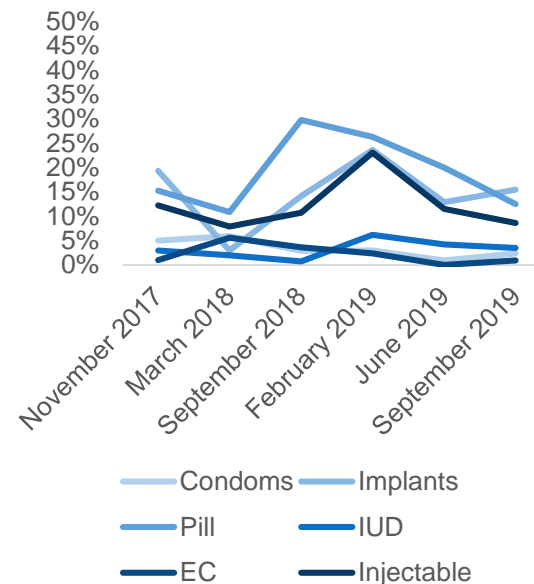
Stockouts, public facilities, Lagos



Stockouts, public facilities, Ogun



Stockouts, public facilities, Kano





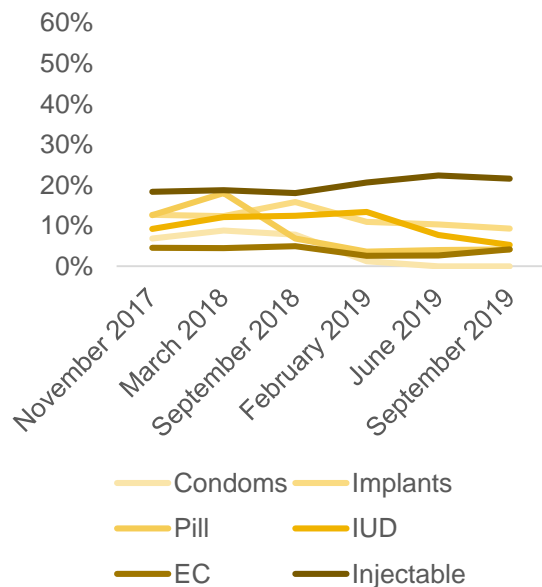
# Private facilities saw decreased stockouts in 2019

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

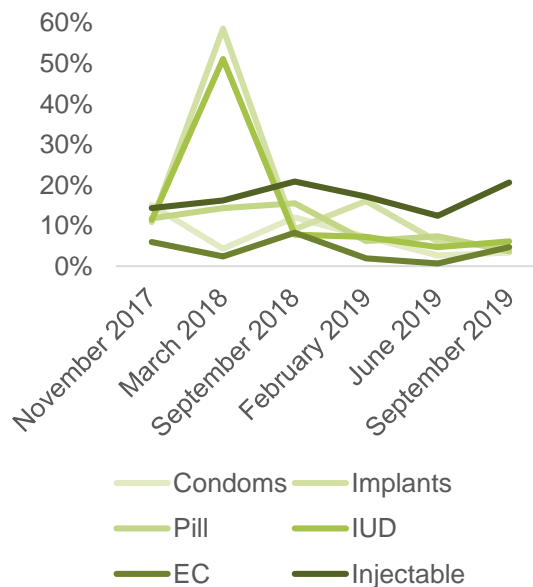
ToC critical assumption

PHC service-delivery models increase quality and access to services

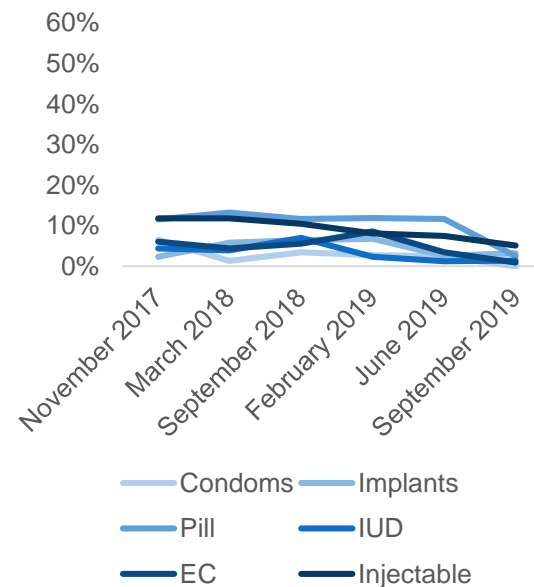
Stockouts, private facilities, Lagos



Stockouts, private facilities, Ogun



Stockouts, private facilities, Kano

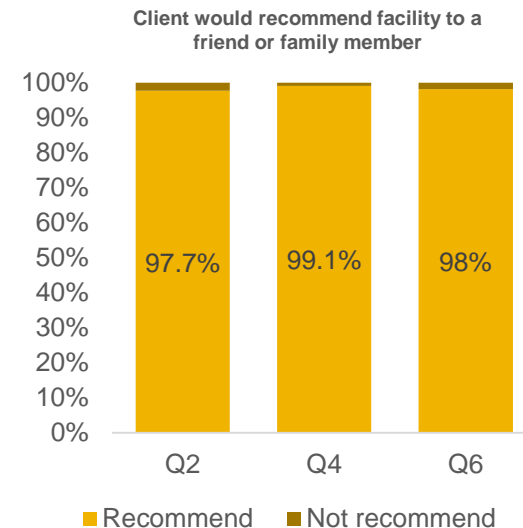
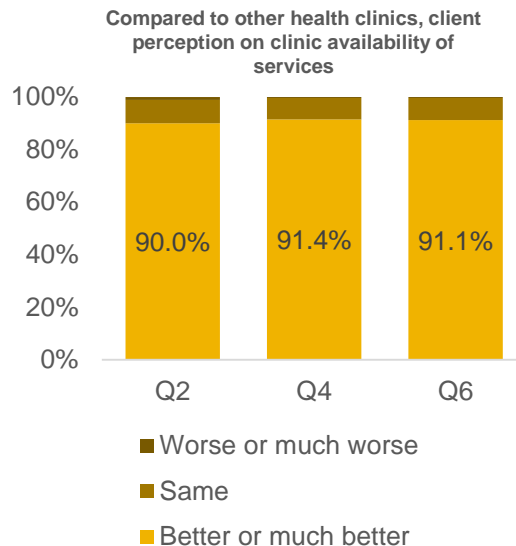
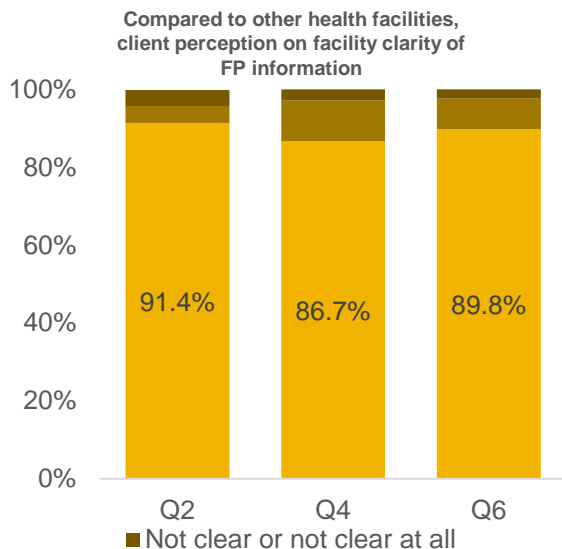


# Client perceptions on facility quality are positive

*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.*

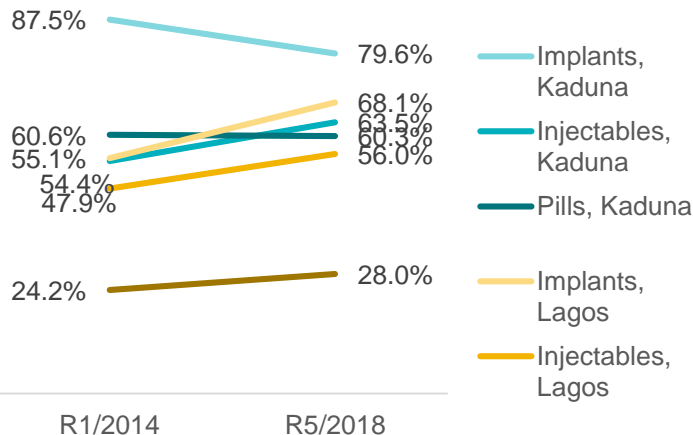
ToC critical assumption

PHC service-delivery models increase quality and access to services

97%

of staff in Lagos facilities (public & private) 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



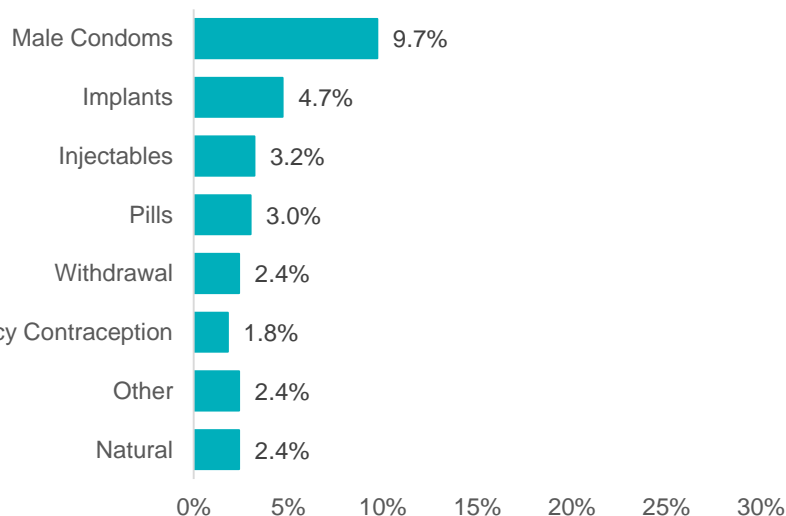
# Injectable use is low among youth, especially in Lagos

*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.*

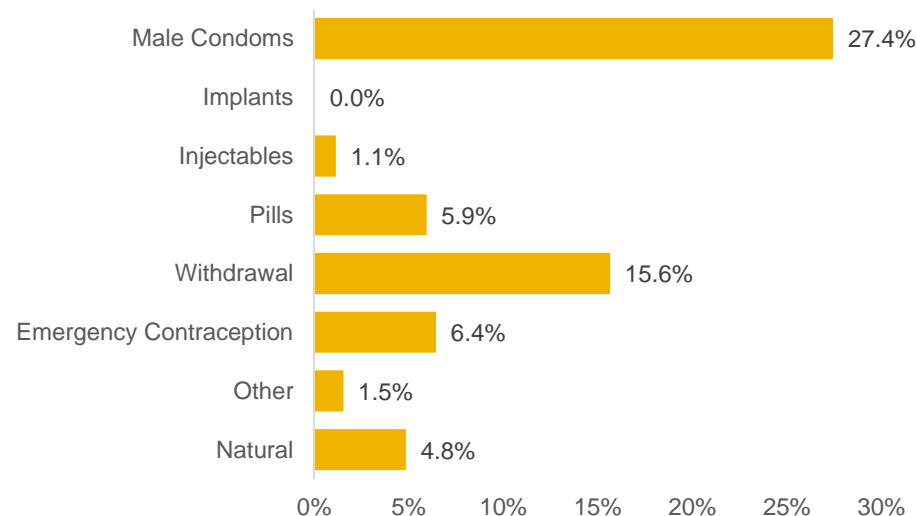
## ToC critical assumption

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

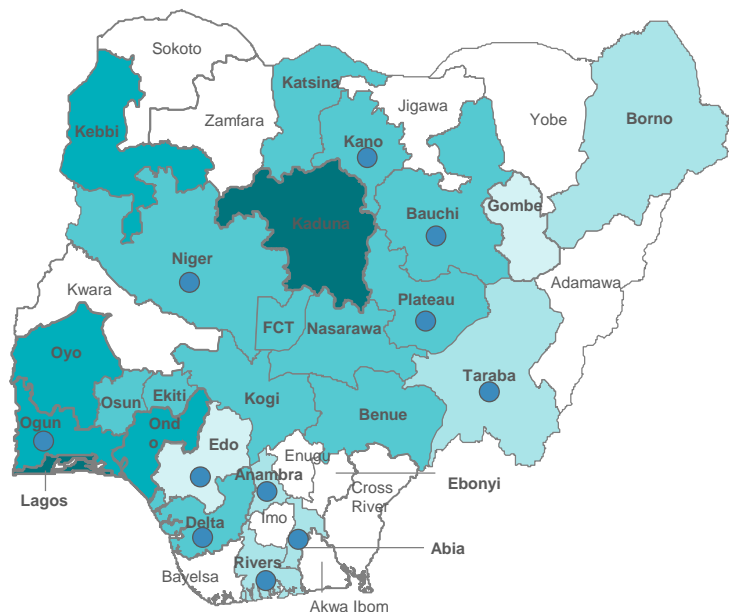




# Scale-up

*Nigeria findings*

# 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 HIs 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



# Opportunities for the future

*Nigeria findings*

# Future opportunities: 19.7 million youth (ages 14-24)

*Increasing mCPR among youth is a growing opportunity for Nigeria.*

**10.7 million**

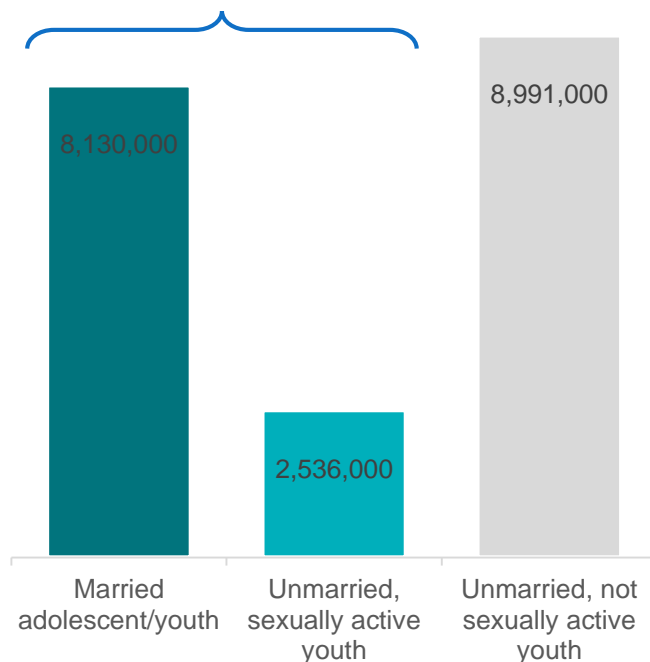
sexually active youth

**41%**

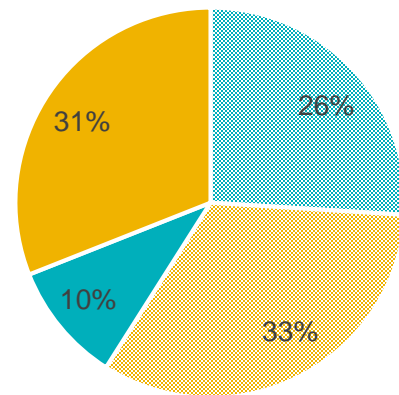
women of reproductive age (WRA) are youth ages 14-24

**6.5%**

of all women are youth with an unmet need for contraception



Adolescents and youth with an unmet need for modern contraception



- 15-19, unmarried, sexually active
- 20-24, unmarried, sexually active
- 15-19, married
- 20-24, married



# Family planning integration into primary healthcare

## Reasons to integrate

1. Increased access to quality & voluntary Family Planning (FP) services
2. FP as part of the standard care at PHC (ANC, Delivery, PNC, PMTCT, Nutrition, Child Health; Post-Abortion Care etc.)
3. Cost-efficiency - optimization of task shifting, decrease in FP costs & economy of scale (training & supervision)

	Illustrative opportunities for integration		Illustrative Benefits of Integration at PHC Level
<b>Antenatal Care (ANC) services</b>	<ul style="list-style-type: none"> <li>▶ 7.5 million women get pregnant in a given year</li> <li>▶ Of these, 61% receive ANC from a skilled provider</li> </ul>	Family Planning as Part of Child Birth Care	<ul style="list-style-type: none"> <li>▶ Improved utilization and uptake of FP services at delivery and after delivery</li> <li>▶ Enabled choice for short term and long term fertility plan</li> <li>▶ Holistic demand for PHC service uptake</li> </ul>
<b>Delivery</b>	<ul style="list-style-type: none"> <li>▶ 37% of women deliver in a facility</li> <li>▶ Only 3% use immediate PPFP</li> <li>▶ Very large proportion of home delivery</li> </ul>		<ul style="list-style-type: none"> <li>▶ Opportunity to reach women with immediate PPFP in facilities before discharge</li> <li>▶ Increased likelihood for women to leave with a plan or a method</li> <li>▶ Integration of community outreach approach to include PPFP</li> </ul>
<b>Immunization</b>	<ul style="list-style-type: none"> <li>▶ 74% of children receive at least one vaccination during their 1st year</li> <li>▶ Only 7% of post-partum women are using a modern FP method 1 year after delivery</li> </ul>		<ul style="list-style-type: none"> <li>▶ High impact practice with a 12-month window of opportunity for PF provision</li> <li>▶ Multiple and timely opportunities to reach post-partum women</li> <li>▶ Opportunity for systematic screening of FP needs at PHC visits</li> </ul>

Integration Processes



Grant Making

TA Hub

MoU

State Basket Fund



**PUTTING IT ALL TOGETHER: WHAT HAVE WE LEARNED SO FAR?**

# Our CoP Learning Journey so far

2018

- Demographic Dividend
- Voluntary Rights-Based Family Planning
- Data Use Opportunities

2019

- Human Capital Development (HCD)
- NCO Country Approach to Demand
- Women's Journey through the FP System
- Progesterone Vaginal Ring (PPFP Opportunity)
- Implementation Mapping Tool (IMT) for Scale Up

# Common themes & lessons learned, 2017-2020

## Enabling Environment

- Smart and timely CIPs matter
- Lengthy Task Shifting domestication hampers access
- Domestic funding opportunities exist (GFF, HCD)

## FP Demand Generation

- Know your target: Youth is a heterogeneous group
- Interfaith coalitions for FP build momentum
- Need for further evidence for digital DG

## Service Delivery

- All interventions should have VRBFP embedded
- Private sector regulation a key driver for FP uptake
- States to drive a set of high impact FP interventions

# Pressing family planning needs 2017-2020

## Youth programming

- Youth centered design approach
- Provider bias & youth–friendly channels
- Policy change and digital ecosystem

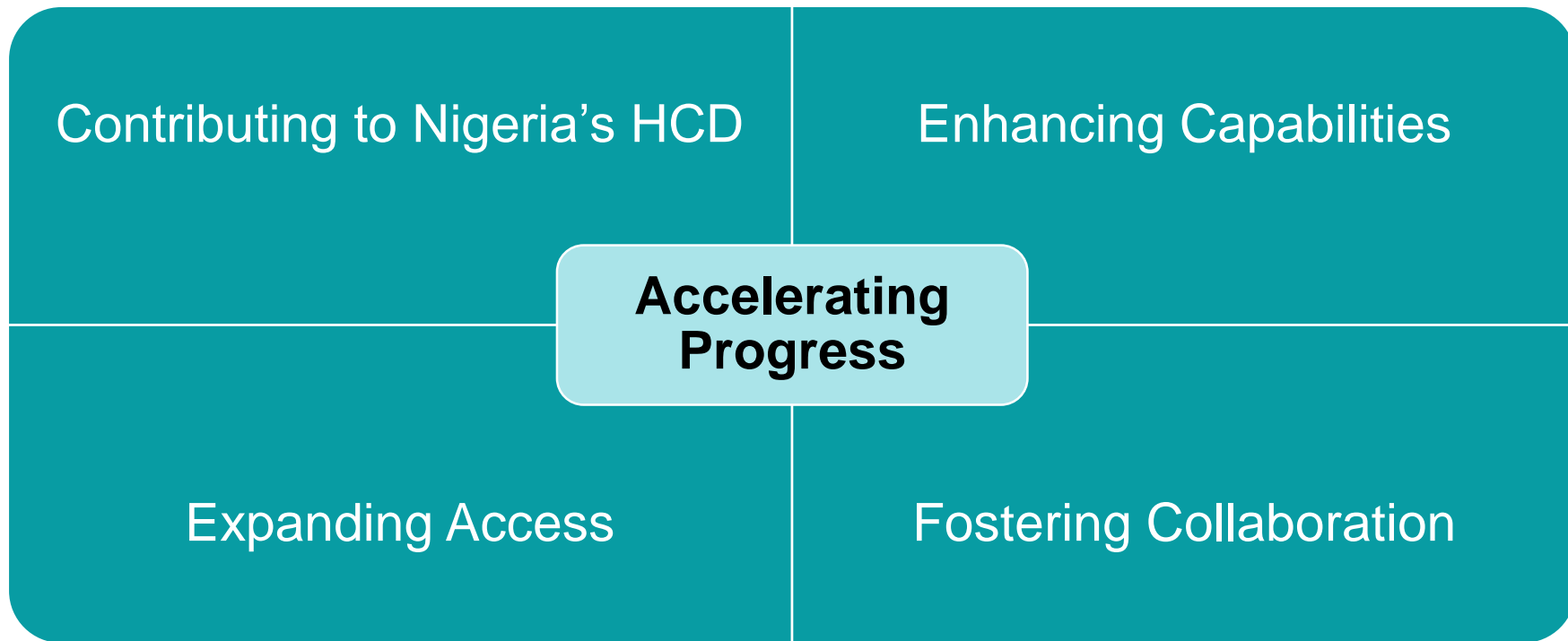
## Expanding Choice & Access

- Task Shifting and CIPs (Version 2.0)
- Supply chain
- Commodity security

## Data for Decision Making

- Programmatic decision making
- Advocacy–Funding tracking
- Data sharing

# Moving forward – Pathways to 2020 & beyond



# Contributing to Nigeria 2030 FP goals

## Generating Evidence

- Youth Centered Design
- Targeting First Time Parents
- Community PPFP
- DMPA SC Scale Up
- Demand Generation
- Private Sector

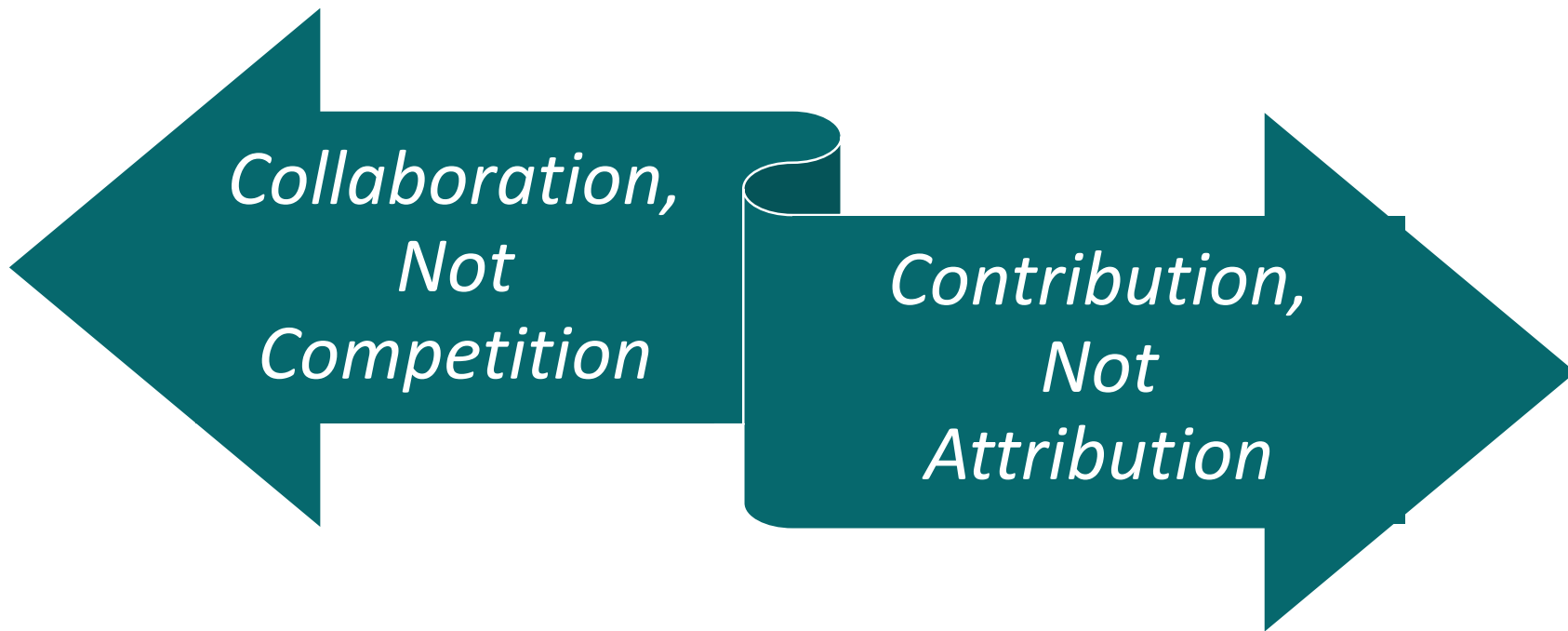
## Acceleration

- Home-grown, high impact interventions
- State-Led Acceleration
- Data
- Modeling
- Sustainability & Scale

## Momentum & Coordination

- Advocacy (Roadmap)
- Country Ownership
- Building Trust
- Collaboration
- Leveraging

# Reminding ourselves.....





THE WORK IS COMPLICATED.

WHY WE DO IT IS NOT.

Thank you!!

